DOCUMENT RESUME

ED 143 180 EC 101 862

TITLE	Proposed Extension of the Child Abuse Prevention and Treatment Act. Hearing Before the Subcommittee on Select Education of the Committee on Education and Labor. House of Representatives, 95th Congress, February 25 and March 11, 1977.
INSTITUTION	Congress of the U.S., Washington, D.C. House.
PUB DATE	77
NOTE	401p.; Not available in hard copy due to marginal legibility of the original document
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Child Abuse; Childhood; *Community Agencies (Public); Exceptional Child Services; *Federal Legislation; *Federal Programs; Government Publications; Infancy; *Program Descriptions; Project Applications; Reports; *Social Agencies
IDENTIFIERS	Child Abuse Prevention and Treatment Act

ABSTRACT

Provided are the statements presented to the United States Congress in February and March, 1977, on the proposed extention of the Child Abuse Prevention and Treatment Act. Included is testimony on the progress of the child abuse prevention and treatment effort and recommendations from representatives of private and public agencies and institutions and local projects. Statements provided include those of the following persons: B. Fraser, executive director of the National Committee for the Prevention of Child Abuse; L. Lapicki, Parents Anonymous; and H. Rosenthal, director of the Division of Youth and Family Services, New Jersey. Also included are prepared statements, letters, and supplemental material such as the following: prepared statement of Dr. V. Fontana, New York Foundling Hospital; and a report by J. Goldrick titled "The Sociological and Psychological Factors in the Backgrounds of Child Abusers". Appended are additional letters and testimony. (IM)

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PROPOSED EXTENSION OF THE CHILD ABUSE PREVENTION AND TREATMENT ACT

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS

FIRST SESSION

HEARINGS HELD IN WASHINGTON, D.C.
FEBRUARY 25 AND MARCH 11, 1977

Printed for the use of the Committee on Education and Labor
CARL D. PERKINS, *Chairman*

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PROPOSED EXTENSION OF THE CHILD ABUSE PREVENTION AND TREATMENT ACT

FRIDAY, FEBRUARY 25, 1977

House of Representatives,
Subcommittee on Select Education of the
Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 9:35 a.m., pursuant to notice, in room 2261, Rayburn House Office Building, Hon. John Brademas—chairman of the subcommittee—presiding.

Members present: Representatives Brademas, Miller, Heftel, Biaggi, and Jeffords.

Staff present: Jack G. Duncan, counsel; Thomas L. Birch, staff assistant; Tom Wolanin, deputy staff director; Joan Godley, executive secretary; and Valerie Lewis, secretary.

Mr. Brademas. The Subcommittee on Select Education will come to order for the purpose of oversight hearings on the operation of the programs authorized by the Child Abuse Prevention and Treatment Act and on proposals to extend that legislation.

The child abuse legislation was signed into law early in 1974 after congressional hearings demonstrated that existing efforts to treat child neglect and abuse in the United States were inadequate.

Funds appropriated since the enactment of the Child Abuse Prevention and Treatment Act have made possible programs for research on child abuse problems as well as local prevention and treatment of child abuse. With the passage of this measure the Federal Government pledged its resources as a participant in dealing with the problems of child abuse and neglect.

The public continues to be shocked by the stories of the maltreatment, neglect and even death of children caused by abusive adults. Only last week the State of Virginia reported that 31 children died in that State during the past year because of parental abuse or neglect.

Although it has been difficult to ascertain the actual incidence of child abuse nationally, reports such as this one from Virginia indicate that the problem of abuse is still a serious one in the United States.

Today we shall hear testimony on the progress of the child abuse prevention and treatment effort so far as the Federal Government is concerned and on recommendations for extending the law.

Our witnesses are from private and public agencies and institutions as well as representatives of local projects working in child abuse prevention and treatment.

We are very pleased to welcome as our first witness this morning, Brian Fraser, Executive Director of the National Committee for the Prevention of Child Abuse.

Mr. Fraser, we are glad to have you with us.

Go ahead, sir.

STATEMENT OF BRIAN FRASER, EXECUTIVE DIRECTOR, NATIONAL COMMITTEE FOR THE PREVENTION OF CHILD ABUSE

Mr. **Fraser.** Thank you.

For the record, I am Brian Fraser. I am the Executive Director for the National Committee for the Prevention of Child Abuse located in Chicago, Ill.

This morning I will be testifying on behalf of my organization as a member of the Education Commission for the States National Advisory Council on Child Abuse and Neglect.

It has now been over 2 years since the Federal Government enacted into law the Child Abuse Prevention and Treatment Act. There is little doubt that the passage of this act has resulted in increased public awareness and concern about the problems of child abuse and neglect, a Federal focal point for child abuse and neglect, the encouragement of new endeavors in this area and the funding of some excellent programs.

There are at the same time, however, a number of problems that do need to be addresed. I think a fair assessment of the problem could be made in three rather shorter phrases. The problem is monumental in proportion, the cost is staggering, and availability of resources are limited.

In regard to current problems we would be remiss unless we noted, one, there is today a lack of clear and specific objectives concerning what must be done on the Federal and State levels. The stated purpose of the Child Abuse Prevention and Treatment Act is to provide funding to help identify, prevent and treat child abuse and neglect. We believe it is now time to become somewhat more specific about what these goals should be and how these goals and objectives might be accomplished.

Federal funds are utilized to support various demonstration projects, regional resource demonstration projects, resource projects and research projects with the assumption that these programs will define their own objectives and these objectives will coalesce in one national policy and one national program. That has not happened.

We believe it would now be prudent to define reasonable goals and reasonable objectives for the coming 12 months or the coming 36 months. If future objectives are defined it will be possible to delineate and evaluate future and current programs in the framework of one coordinated national effort. It would also make it possible to identify and focus on future priorities.

Two, there is currently a duplication of effort. It is extraordinarily difficult to explain how a particular child abuse and neglect delivery system will function. There are so many agencies and programs that are directly and peripherally involved, so many jurisdictions that overlap, so many responsibilities that are not defined, that many persons who work within a particular delivery system do not know how that system functions.

We would suggest, however, that one element seems to be indigenous to all geographical areas. There is a duplication of efforts and there is a fragmentation of efforts. Furthermore, we would sugest that this particular factor is particularly indigenous to the Federal effort.

The most obvious example that comes to mind is the training of personnel to deal with the problems of child abuse and neglect utilizing Federal funds. There are 10 HEW regions throughout the country. In each HEW region there is one regional resource center funded. Each regional resource center is specifically required to provide training and technical assistance to the States within that region. Every center does.

The Federal Government has divided the country into two sections. A contract was awarded to a contractor on the east coast to provide training to each region in the eastern sector of the United States. A second contractor was awarded to a contractor on the west coast to provide training to all regions in the western sector of the State. A number of regional HEW offices have decided to utilize their discretionary funds to provide child abuse and neglect training.

Finally, the Federal Government has made a number of grants to individual organizations and agencies around the country to evaluate the training materials.

Additionally, a number of privately funded projects and State agencies provide their own training for professionals and paraprofessionals working in the field of child abuse and neglect.

We would be the last one to suggest that there is not a need for training. There is. We would be the last one to suggest that there is something wrong with different organizations or agencies offering training within a specific geographical location. There is not.

There is, however, duplication and confusion when different agencies, funded through the same source, offer the same training to the same people within the same geographical area.

Three, there is today a lack of communication. In the simplest of terms there is a lack of systematic communication between agencies and programs on the Federal, regional and State levels. We believe that it is the responsibility of the Federal Government to develop, to foster and facilitate the exchange of information between all recipients of Federal funds. We believe that the directors and the assistant directors of all major child abuse programs should meet at least three to four times each year. We believe that an appropriate and timely forum created by the National Center on Child Abuse and Neglect, Office of Child Development, for all major child abuse and neglect projects would:

(A) Provide the National Center with a vehicle to help keep the recipient of Federal funds up to date concerning national policy and activities of the National Center.

(B) Provide the National Center with Federal backing and evaluation from their own funded programs.

(C) Provide the resource centers with a vehicle to exchange information between themselves, information concerning common problems, common solutions, a common strategy and perhaps even cooperation and coordination.

There is in a word a fragmentation of efforts and a duplication of efforts marked by a failure of communication, coordination and cooperation. Given the fact that resources in this particular field are limited, it would seem to be prudent to identify those areas of duplication and fragmentation, potential areas of duplication and fragmentation, and reallocate the resources in a more appropriate manner.

A prerequisite to this allocation we believe would require the development of a national policy or a national plan or a national blueprint for the next 12 months. In a word, in a very simple word, we would suggest that to get where you want to go you have to know where you want to go, how you are going to get there and hypothetically whether or not it is worth getting to. The continual distribution of Federal funds through Federal law 93–247 without the articulation of policy, without the specific articulation of reasonable objectives and without the implementation of a planning process will continue to result in confusion, duplication and fragmentation.

We would, therefore, suggest that future moneys appropriated through Public Law 93–247 for the National Center on Child Abuse and Neglect be made contingent on: One, the articulation of specific and reasonable objectives for the next 12 months. Two, the development and the implementation of one national policy or one national plan or one national blueprint to begin to develop one coordinated child abuse and neglect delivery system, at least in regard to Federal funds. Three, the agreement that the future contracts and future grants be made on the basis of that national plan or that national blueprint and, fourth, that all grants and all contracts be evaluated on the bassis of that plan or that contract.

Specifically in regard to Public Law 93–247 and the language contained therein, we would suggest and recommend that not less than 60 percent of the total sum appropriated under this act be allocated for distribution to the States for the specific purpose of assisting the States in developing strengthening and carrying out child abuse prevention and treatment programs. Currently the allocation is between 5 and 20 percent per year.

Second, we suggest that the criteria for State eligibility for grants in this area should be relaxed by modifying mandated requirements to permissive guidelines. Specifically we would suggest that the phrase in section 4(b)(2) of the Act reading "In order for a State to qualify for assistance under this subsection such State shall," be modified by changing the last word "shall" to "should substantially."

Additionally, change is suggested in section 3 which reads, "For the purposes of this Act the term 'Child abuse and neglect means'." That should be changed to read "For purposes of this Act the term 'child abuse and neglect' may include."

Third, we believe that not less than 25 percent of the appropriation under this act be used for grants to institutions of higher learning or to private nonprofit organizations for the conduct of research or the operation of resource centers and demonstration projects, specifically the continuation of viable projects that are currently funded under Public Law 93–247.

Fourth, and very importantly, we believe that somewhere in the neighborhood of $150,000 of the total appropriation for the coming 12 months be allocated for use in the support of the activities of an advisory board set up as recommended herein. It is recommended that an advisory board composed of 25 percent be appointed by the Secretary of HEW. The board would meet regularly, in no event less than twice a year. They would advise and assist in coordination of programs under this Act and would advise and assist in the development of Federal standards and guidelines for child abuse and neglect. They would also provide an annual report to the HEW Secretary.

Composition of the board should consist of eight persons who should be appointed from NCCAN. The remainder should be persons with knowledge in the field of child abuse and neglect with representation from disciplines related to prevention and treatment.

Fifth, we believe that future legislation should allocate more resources to prevention programs.

That, Mr. Chairman, concludes my oral testimony.

[Prepared statement of Brian Fraser follows:]

PREPARED STATEMENT OF BRIAN FRASER, EXECUTIVE DIRECTOR, NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

INTRODUCTION

It has now been two years since the federal government enacted into law the *Child Abuse Prevention and Treatment Act*. This Act has resulted in the funding of some good programs and an increased awareness of the problems of child abuse and neglect. There are, however, certain problems that need to be addressed before PL 93–247 is renewed.

PROBLEMS

1. Lack of clear and specific objectives

The stated purpose of the Child Abuse Prevention and Treatment Act (PL 93–247) is to provide funding to help identify, prevent, and treat child abuse and neglect.

It is now necessary to be somewhat more specific about how those goals are to be achieved. Federal funds are now used to support various demonstration projects, regional demonstration resource projects and research projects, with the assumption that they will define their own objects and these objectives will evolve into national policy and one national program. This has not happened.

We believe that it would be prudent and desirable to define reasonable goals and objectives for the coming year (or the coming three years). If goals and objectives are delineated, it would be possible to define and evaluate current programs in the framework of one coordinated national effort. Furthermore, it would be possible to define areas which are not currently addressed and focus on specific priorities.

In simple terms we would suggest that until you know where you are and until you know where you want to go, it is somewhat difficult to decide in which direction you ought to move. We would suggest that the Federal Government has failed to define its objectives, to delineate its goals and to make known the direction in which it intends to move. There is a substantial difference between funding a well-coordinated program and funding a problem.

2. A duplication of efforts

It is extraordinarily difficult to explain how a particular child abuse system works. There are so many programs and agencies that are directly or peripherally involved, so many responsibilities that are not defined, so many jurisdictions that overlap, and so little direction that most persons who work within that system do not understand how that system functions. There is, however, one indigenous element to all child abuse delivery systems. There is a duplication and framentation of efforts on the federal, regional, state and local levels. This duplication and fragmentation could be illustrated on a federal level with a little imagination, four pieces of translucent paper, a black marking pencil, some needles, some thread, a strong light and a strong constitution.

A. On the first piece of paper it is necessary to trace the responsibilities of the individual states. Each state has primary jurisdiction over all matters that concern the health, the welfare, the safety, and the morals of its citizens. These are responsibilities that rest completely with the individual state. The Federal Government has no authorization to override a state's responsibility in these four areas. Child abuse falls within the purview of the individual state's jurisdiction and responsibility.

Every state has created and enacted into a law a mandatory reporting statute. Every state has identified at least one statewide agency to receive and investigate reports of suspected child abuse. Every state is required to protect its citizens' health, welfare, safety and morals. The actual protection of these interests varies from state to state. In cases of child abuse, some states simply require that reports be made, identify an agency to receive and investigate those reports, and offer protective services, if available. Other states require reports, identify an agency to receive and investigate reports, offer protective services, and have incorporated into their social service delivery system specific treatment programs for the abused child and his parents. The majority of states, however, fall somewhere between these two extremes.

B. On the second piece of paper, it is necessary to trace the federal framework for dealing with child abuse. Unlike the individual states, the federal government does not have primary responsibility nor primary jurisdiction to deal with the health, welfare, morals, or safety of individual state citizens. Nevertheless, the Federal Government does offer technical assistance, training, and some services in the area of child abuse. For the most part, these flow out of the monies allocated under PL93-247.

The federal framework consists of a National Center on Child Abuse and Neglect in Washington, D.C., 25 demonstration projects, 10 regional projects, and a similar number of research projects. The federal framework can be utilized at the discretion of the individual states.

C. On the third piece of paper, it is necessary to trace the framework of four private national child abuse programs. Like the Federal Government, these programs cannot dictate to a state how its health system or child abuse system will function. Like the Federal Government, these are frameworks that can be utilized at the discretion of the individual states. Unlike the Federal Government, these programs have grown out of a specialized need and have built into them a national constituency with vested interests.

1. *The Humane Association: Children's Division, Denver, Colorado.*—The HA focuses on the development or the improvement of existing protective services. The HA offers training, technical assistance, consultation, program planning and program evaluation in protective services, especially as they relate to child abuse.

2. *The National Center for the Prevention and Treatment of Child Abuse and Neglect, U/C/M/C, Denver, Colorado.*—The National Center in Denver focuses on the development of innovative treatment modalities for the abused child and his parents. The National Center in Denver offers training, technical assistance, consultation, program evaluation, and program implementation in the area of child abuse treatment programs.

3. *The National Committee for Prevention of Child Abuse, Chicago, Illinois.*—The National Committee's primary focus is the preventive aspects of child abuse. Concurrent with this objective is the development of a national public awareness and education campaign and the integration of services. The National Committee offers training, technical assistance, case consultation, legal and legislative advocacy services, and consultation in the area of primary and secondary prevention programs.

4. *Parents Anonymous, Redondo Beach, California.*—PA is a national organization whose primary focus is on crisis management and crisis intervention of abusive parents by abusive parents. There are 600 of these self-help groups throughout the country.

D. There are a number of small privately-funded, demonstration projects spread throughout the country. Funding for these programs comes from affluent individuals, corporations, and smaller foundations. These demonstration projects, unlike the national programs, serve a limited audience, for a limited purpose, in a limited geographical area. For the most part, they offer a direct service and are intended to serve as pilot programs for future duplication.

Each piece of translucent paper should be placed one on top of the other. The edges must be aligned. The four pieces of paper can be held together and placed in front of a strong light. Two things should quickly become apparent. There are dark spots. These dark spots indicate areas in which programs and services overlap. For example, some state agencies offer training in the field of child abuse; the Federal Government offers training in the field of child abuse; all four private national organizations offer training in the field of child abuse; and some of the localized demonstration projects offer training. It is also apparent that there are clear areas—spots in which the light shines through. These are areas which are devoid of any services or resources. For example, in most states there are no treatment programs for childern. In most states there is no public awareness and education campaign concerning child abuse.

Through those dark areas (outlined with a black marking pencil) which indicated overlapping services, one might be inclined to place a pin. That same person might place a needle at the outer edge of each clear area—those areas which indicate no services and no resources. If you were to thread the needles together, you would schematically draft the perimeters of the problem. The pins within that threaded area mark the starting point for dealing with the problems of child abuse. They indicate a duplication of efforts, a poor allocation of resources, and no integration. They mark a lack of planning, a lack of communication, a lack of cooperation. They should also mark the starting point for any federal effort.

Given the fact that resources in this particular field are limited, it would seem to be prudent to identify those areas of duplication and reallocate available resources in a more appropriate manner. This would require at a minimum coordination and cooperation between diverse agencies and programs. A prerequisite to coordination is: (1) the development of one national plan or blueprint with specifically delineated guidelines; and (2) the development of a vehicle to provide for timely and effective communication between all involved agencies.

3: A lack of communication

In the simplest of terms there is a lack of systematic communication between agencies and programs on the federal, regional and state level. Perhaps more important, there is often a lack of communication between different components of the same agency or the same program.

Timely communication between diverse agencies and organizations in the field of child abuse could provide—a common base of child abuse data, identification of common problems and common solutions, and a sharing of limited expertise and resources.

In a word, systematic communication between concerned agencies and programs could maximize present and potential strengths and minimize present and potential weaknesses.

4: Child abuse has become discipline-oriented

Over the past 15 years child abuse and neglect has come to be regarded as a problem of the Social Worker, the Physician, the Psychiatrist, and the Lawyer. It has to a certain extent become discipline-oriented. Child abuse, however, does not "belong" to any one discipline or any one group of professionals. It could more accurately be defined as a community problem. Its solution requires a commitment from the community. It requires community support.

It is somewhat naive to believe that a few professionals can define the parameters of the problem, develop support, and unilaterally effect a solution. A successful solution requires that the general public accept child abuse and neglect as a serious problem, prioritize that problem, and make a commitment to a solution.

Laws are passed, programs are created, and programs are funded by politicians. Politicians, in the vast majority of cases, react to problems. They do not anticipate. If the community views child abuse as a serious problem and believes that it should be prioritized, politicians are likely to react to those belief. Realistically the greater the public support, the greater the political support. Pragmatically, the greater the political support, the greater the available resources.

REACTION TO THE PROBLEMS

General: The lack of clear and specific objectives; the duplication and fragmentation of efforts; the failure to provide a vehicle for communication; and the "professionalization" of child abuse, exist at all levels. Since this is a hearing to discuss the renewal of a federal act, we will restrict our comments to federal involvement and PL93–247.

Strong leadership on the federal level, the wise articulation of reasonable objectives, and the development of a cooperative framework for dealing with child abuse can have a profound effect on the problem of child abuse. At the same time, it must be recognized that weak leadership, indecision, a lack of clearly-defined objectives, and a failure to facilitate efforts by federal authorities, can have an equally profound but deleterious result.

What is clearly lacking today is adequate planning for the future. It is now time to develop one national policy, one national blueprint, or one national plan to deal with the problems of child abuse and neglect. In developing that National Policy or that framework in which to function for the next three years, it may be prudent to keep a few items in mind—

It is somewhat naive to believe that child abuse can ever be completely eradicated; it cannot. It can, however, be substantially reduced and contained.

Resources are limited. The task is to ensure that resources which are available are reasonably and equitably allocated. There is no room for a duplication or a fragmentation of services.

There exists today a substantial body of knowledge about child abuse. The task is to identify that knowledge and incorporate it wisely. There is no known reason to reinvent the wheel.

There are today a number of organizations, agencies and programs which are already working in the field of child abuse. The task is to identify them, provide a vehicle for communication, and help to integrate them.

There are today agencies, organizations and programs which are not working in the field of child abuse, but could. The task is to identify them and integrate them wisely with other programs.

There is a large resource which has yet to be formally identified and utilized in the fight against child abuse. That resource is the general public. The active segment of the general public is the volunteer .

The Federal Government has available limited resources. It could effectively multiply its effect by wisely integrating and coordinating all agencies and programs which are currently functioning, regardless of where the agency or program funding originated. The task is not to fund as many programs as possible, but to effectively maximize what already exists.

1. Specific objectives

Public Law 93–247 defined its goals as the identification, the treatment, and the prevention of child abuse. It is now time to be somewhat more specific in our articulation of objectives. While it may be deleterious to become too specific, it is not unrealistic to demand the development of one coordinated national child abuse and neglect program. To be effective, it is necessary to go beyond the simple dictates of identification, treatment and prevention.

We believe that it is the responsibility of this Subcommittee and its counterpart in the Senate to specifically delineate those objectives. We believe that it is the National Center on Child Abuse and Neglect's (O.C.D.) responsibility to render those objectives into a written form or blueprint for future action. We believe that the blueprint should be made available to anyone who requests it. We believe that all future grants or contracts should be justified on the basis of that blueprint. We believe that the components of the plan and the plan should be evaluated at regular intervals by an Advisory Board which is independent of the Office of Child Development. We would respectively point out that until specific objectives are developed and a specific blueprint adopted, it is not possible to evaluate the effectiveness of the National Center and the Office of Child Development.

2. Duplication of efforts

It may be simplistic to say, but nevertheless we believe that the development and implementation of a national blueprint or plan to deal with child abuse and neglect could abrogate much of the duplication that exists today. We would suggest that future monies which flow out of PL93–247 be justified on the basis of the defined objectives and national blueprint. A proper and constant monitoring of funded projects should enable N.C.A.N. to identify areas of potential duplication.

The most obvious duplication of efforts in the past has been in the area of training. Originally each Regional Demonstration Resource Project was mandated to provide training to states within its region. The country was then divided into two parts. A contract was awarded to provide training to the Eastern half of the country; another contract was awarded to provide training to the Western half of the country. Following that, special grants were awarded to different agencies in different states to provide additional training. A number of the Regional O.C.D. offices decided to allocate their discretionary child abuse monies for training purposes, and finally many states still conduct their training sessions.

There is, of course, nothing inherently wrong with different organizations or agencies offering training within a specific geographical area. There is, however, confusion, duplication and fragmentation when different agencies funded through the same source offer training to the same persons within the same geographical area.

The National Center on Child Abuse and Neglect has funded one Regional Demonstration Resource Center in each H.E.W. Region around the country. Each Resource Center was ostensibly chosen because it contained available expertise in the field of child abuse and neglect, and could offer technical assistance and consultative services to the states within its Region. We would suggest that these Regional Resource Centers be utilized to coordinate all child abuse activities (at least in regard to PL93-247 monies) within their regions.

3. Communications

We believe that it is the responsibility of the National Center on Child Abuse and Neglect (O.C.D.) to develop a forum to foster and facilitate the exchange of information between all recipients of federal funds. We believe that the Directors and Associate Directors of all major child abuse projects should meet three to four times each year. We believe that child abuse projects should have the opportunity to discuss among themselves current problems, solutions to those problems, current programs, and areas where projects might cooperate and maximize efforts.

Well-organized and structured meetings between the project directors of Regional Resource Centers should serve three purposes:

It would provide the National Center with a forum in which to inform their projects of current policy and activities of the National Center.

It would provide the National Center with feedback and evaluation from its funded programs. Since the Regional Recource Centers would also serve in the capacity of coordinators for their region, it would provide the National Center with additional information concerning local child abuse activities, and

It would provide the Resource Centers with a forum to exchange information between themselves: i.e., common problems, common solutions, strategy and cooperation.

4. The "professionalism" of child abuse

The problem of professionalism in the field of child abuse can be broken into two components: convincing the professionals that child abuse is a community problem that should be shared with the general public, and convincing the general public that child abuse is indeed a problem.

The National Committee for the Prevention of Child Abuse and the Advertising Council Inc. of New York have entered into a three-year agreement to develop a national public awareness campaign concerning child abuse and neglect. The campaign began September 1, 1976. It includes television, radio, newspapers, magazines, billboard, public transportation and public service announcements. If a dollar figure were attached to the campaign, it would be the equivalent of a $10 million public service campaign.

Recognizing the fact that most agencies which are mandated to deal with the problems of child abuse are functioning at or over capacity, the campaign has been specifically designed not to do two things: (1) to encourage additional reporting, and (2) to sensationalize the problem.

The public service campaign is designed to do three things: (1) to tell the general public a little more about the problem of child abuse; (2) to inform the general public that there are organizations which are currently working in the area of child abuse; and (3) to provide those persons who are interested in obtaining further information about child abuse with a Box Number in Chicago to which they can write.

The information which has been prepared for persons requesting additional data is rather general in nature. Because this is a National campaign ,and since requests will come from all sectors of the country, the prepared material must be as applicable in California as it is in New York, North Dakota, Florida, etc., etc.

The National Committee is fully cognizant of the value of providing specific information about specific programs within specific geographical locations. As requests flow into Chicago, the National Committee has the ability to type two self-affixing labels and segregate those labels according to state. One of the two labels is then affixed to the National Committee's materials and immediately forwarded.

The second label will be made available to individual states, specifically the state agency that is mandated by state law to receive reports of suspected child abuse, to investigate those reports and offer services, if:

They have child abuse information which is indigenous to their own state.

They will make that information available free of charge, and

The names that are forwarded are only used to mail along additional child abuse materials.

Working properly, a resident of Hartford, Connecticut would write Box 7866 requesting additional information. Two labels are typed. One label is affixed to the National Committee's material and forwarded. The second label is forwarded to the state agency in Hartford. The state agency affixes that label to its own material and forwards it. The person who requested the information receives a general information booklet about child abuse from the National Committee and specific information about specific programs within the State of Connecticut.

It is our belief that a public awareness campaign such as this will increase the public's knowledge about the problem of child abuse and neglect. We believe that any viable solution to child abuse requires the denigration of a discipline-oriented approach to child abuse and the encouragement of a community approach to child abuse. We believe that a properly prepared public service campaign will foster a vested interest on the part of the private sector, and will eventually encourage a community approach. We believe that it is in the public's interest and the government's interest to develop one coordinated child abuse public awareness campaign. We respectively would direct this Committee's attention to the testimony of our colleague, Dr. V. Fontana, concerning the Federal Government's failure to coordinate its activities in the area of public awareness.

5. General

We believe that it is absolutely imperative to:

1. Define specific objectives which can be realistically met within the next 12 months.
2. That national policy be specifically defined, and that a blueprint or a national plan be drafted and enacted to implement that national policy.
3. That future grants and contracts awarded by the National Center be and justified on the basis of that plan, and that the performance of the National Center and O.D.C. be evaluated on the basis of these objectives and that plan.

In simple terms, it is now necessary for us to define where we want to go and how we want to get there. The distribution of federal funds through PL93-247 without the establishment of national policy, the articulation of objectives and the implementation of a planning process will continue to result in duplication, confusion and fragmentation. With limited resources, confusion, duplication and fragmentation are not deleterious—they are deadly.

SPECIFIC COMMENTS CONCERNING PUBLIC LAW 93-247

We would urge that PL93-247 be extended for an additional 12 months with an appropriation of $19 million. We would suggest a number of relatively miner changes in the current language of PL93-247 for the next 12 months.

Inasmuch as four members: The Honorable Robert Bennet, Governor of Kansas; The Honorable Liza Ricketts, Judge, Court of Common Pleas, Philadelphia; Ms. Donna Stone; Ms. Elinor McGovern, of the National Committee's Board of Directors, and the Executive Director of the National Committee, are members of the National Advisory Council for the Education Commission of the States, we would endorse and recommend those amendments. The suggested amendments are attached.

Specifically, we endorse the concept that every state be made eligible to receive funds through PL93-247, that the allocation available to the States be increased, that the concept of the Guardian Ad Litem continue to be endorsed, and that a National Advisory Board be formed.

STATE OF KANSAS

OFFICE OF THE GOVERNOR
State Capitol
Topeka

ROBERT F. BENNETT
Governor

October 4, 1976

The Honorable Walter F. Mondale,
443 Russell Senate Office Building
Washington, D. C. 20510

Dear Senator Mondale:

I am Chairman of the Education Commission of the States' National Advisory Committee on Child Abuse and Neglect. The committee is composed of recognized leaders in the legislative and executive branches of state and local government, experts from the field of medicine, law, education, social work and law enforcement, parents and volunteer organizations. The purpose of this committee is to offer alternatives to state educational and legislative leaders on how their respective systems may enhance the national campaign to eradicate child abuse and neglect in this country.

The Education Commission of the States' National Advisory Committee meeting in Eastsound, Washington, the third week in June unanimously decided to write to you and other concerned congressional leaders regarding the future of P. L. 93-247 on the basis of two years' experience with the act and its operation.

With the passage of P. L. 93-247, three rather broad areas of interest were identified. These broad areas were: (1) the identification, (2) the prevention, and (3) the treatment of child abuse and neglect. In light of the fact that there now exists a certain amount of collective expertise in the area of child abuse and neglect and recognizing limited fiscal resources, it seems prudent to suggest changes designed to enhance the articulation of existing programs and to suggest specific objectives that should be carried out by the National Center for Child Abuse and Neglect.

The advocacy of programs designed to create a national awareness of problems associated with the identification, the prevention and the treatment of the abused child and his family are laudable goals. These broad parameters and the lack of specific guidelines, however, tend to create fragmented programs and foster redundancy. As a result, the delivery of services to children is ofttimes thwarted. Establishing somewhat more specific objectives should allow for a more prudent allocation of federal, regional, state and community resources.

Need for Objectives

In the simplest terms, it becomes incumbent upon this committee of the Education Commission of the States to specify what can reasonably be expected within a fixed period of time with the limited federal resources available.

It is respectfully recommended, therefore, that the Congress amend P. L. 93-247 to provide for more specific objectives regarding the nation's effort to provide appropriate intervention in behalf of abused and neglected children.

Need for a National Advisory Committee

Among the specific goals and objectives is the creation of a National Advisory Committee drawn from the public sector. More specifically, it is recommended that among those represented on such a committee are the Regional Resource and Demonstration Projects currently charged with providing training and technical assistance to the States included in the ten Regions of the Nation.

Inclusion of representatives from this important national resource would enhance communication and cooperation, avoid unnecessary duplication of effort and provide a mechanism for the exchange of research, teaching and demonstration information currently underway, regardless of the sources of support. In turn, the National Center for Child Abuse and Neglect would be the beneficiary of the most current developments throughout the country and be in a better position to allocate resources appropriately. Creation of a National Advisory Committee from the public sector could, for example, assist the National Center for Child Abuse and Neglect in the allocation of limited funds that are not duplicatory of major contributions currently being undertaken by the private sector.

A further function of a National Advisory Committee drawn from the public sector might be to disseminate information regarding successful and innovative programs. While the National Clearinghouse designed to develop and maintain information on all programs showing promise and success constitutes a valuable resource and is intended, in part at least, to provide information and data to the Regional Resource and Demonstration Centers, it must be recognized that this resource is of greatest value to the researcher. Public agencies providing child protective services are of necessity crisis oriented and as such have little time to devote to keeping up with the most successful and innovative practices. Properly composed, the National Advisory Committee could assist significantly in the dissemination of information throughout the country.

A principal concern in the establishment of such a committee is to mandate regularly established meeting times. Without regularly established meeting times, the basic purpose of the National Advisory Committee could be aborted.

Prevention

In the current legislation, P. L. 93-247, prevention of child abuse and neglect has been identified as a broad major goal. While the preliminary findings of research conducted in the area of secondary prevention are encouraging, it is our judgment that more resources should be allocated toward the primary prevention of child abuse and neglect.

Specifically, we feel that more programs and projects should be initiated in:

1. Education for parenthood. The best minds in this country believe that education for parenthood would, over time, reduce the incidence of child abuse and neglect. Unfortunately, there is no agreed-upon national data base from which comparative figures might be weighed and the hypothesis that education for parenthood will yield, in time, a reduction in the incidence of child abuse and neglect may be difficult to prove. Nonetheless, the proposition certainly appeals to logic and common sense. And, even though there is no agreed-upon national data regarding the incidence of child abuse and neglect, there is no reason why programs with defined population and known incidence data could not establish the validity of education for parenthood as a primary prevention modality.

2. Non-threatening, prompt intervention. We can find no consensus on the most appropriate method of intervention, either before an incident has occurred or following a verified incident of abuse. It is here that the line between prevention and treatment becomes thin, at best. We would recommend that more of the available resources be directed at various methods of intervention before and after a report of suspected abuse.

3. Identification of high-risk parents. While several notable authorities are involved in this dimension, it is our judgment that there is a dearth of national activity in research designed to develop instruments and/or techniques for the identification of high-risk parents. Our claim that there is a dearth of national activity in programs designed to predict high-risk parents is easily substantiated. A look at the Preliminary Program for the International Congress on Child Abuse and Neglect held at the World Health Organization in Geneva, September 20-22, 1976, reveals only nine of the 70 papers presented dealing with prevention of child abuse/neglect. Of the nine papers dealing with prevention, five deal with predictive techniques. And, of the five dealing with predictive techniques, three are authored by researchers in the United States. While there is no doubt that other work is underway in this aspect of child abuse and neglect, [illegible] data presented here is intended to illustrate the apparent disproportionately [illegible] allocation of human and fiscal resources to the one best hope for a significant reduction of child abuse and neglect here in the United States. Prediction and prevention are, in the last analysis, far better than post hoc identification and treatment of the abused child who may have suffered irreparable damage before identification and treatment can be initiated. Admittedly, investments in research that offers no ironclad guarantees of useful results, in the sense that they can be applied immediately to the solution of the problems, constitutes an investment of risk capital. It is generally understood, however, that investments of risk capital have, in the final analysis, offered the most satisfactory solutions to grave national ills. It is our belief, therefore, that the Congress should specify as one of the specific goals in amendments to P. L. 93-247 a substantial investment in research designed to

increase our effectiveness in prediction and prevention of abuse, neglect and sexual exploitation of children.

State Responsibility

It is clear that the responsibilities of individual states will increase during the next several years regarding the protection of children. Enactment of P. L. 94-142 (Education for All Handicapped Children, by the 94th Congress, as well as the landmark P. L. 93-247 Act of 1973) is indicative of the increased responsibility being placed upon the states to protect the rights of all children. Increasingly, the states will be called upon to protect their children. The states must, therefore, develop personnel with appropriate skills, experience and knowledge if they are to deal successfully with abused and neglected children and their families. In order to increase the states' capability to deal with the rights of these children and to afford them appropriate protective services, we respectfully recommend that a greater percentage of the funds available under P. L. 93-247 be allocated directly to the states with a minimum of federal regulations. History suggests that the states will ultimately absorb the major costs of social reform programs. And history also suggests that with federal and private initiative most states will be willing or compelled to do so.

While exact percentages are arbitrary at best, we would recommend that approximately 40% to 60% of the available federal resources be allocated to states in the form of block grants to help meet individual state needs.

We would further recommend that federal requirements imposed upon state legislatures as outlined in P. L. 93-247 be re-examined. Even though the legislation passed by a particular state may be subject to interpretation, it must be recognized that no other major social reform has swept across this country as rapidly as child protective services reform and efforts on the part of state legislative bodies to protect children from abusive behaviors on the part of their caretakers. To withhold, or threaten to withhold, resources from a state because of minor semantic differences in legislation passed by a state's elected representatives is not only unbecoming of representatives of the Federal Government, but thwarts the progress being made.

It is our understanding that one of the current issues in regard to state legislation is the concern over the concept of the guardian ad litem. It is our judgment that the present concept of guardian ad litem should not, repeat, should not be appreciably changed for several reasons. Among the reasons for retaining the present concept of the guardian ad litem are:

1. There is one person ultimately responsible for the best interests of a child that comes before the court. That person is the judge.

2. The present concept is a definable standard--the guardian ad litem commences independent representation of the child the moment he or she is appointed and ends with a court decision. The guardian ad litem further does not have power over property or person.

3. There is a considerable case law building to support the present concept.

4. Approximately 40 states have amended their legislation to include the current notion of a guardian ad litem.

Postsecondary Training

The Education Commission of the States' National Advisory Committee is of the opinion that relatively little is being done in our postsecondary institutions regarding the training of professionals to work effectively in the area of sexual exploitation, child abuse and neglect. While schools of social work ususally include a brief segment regarding child abuse and neglect in a course called "Child Protective Services" or some similar title; while some teacher education programs give a brief introduction to the subject in any one of several courses; while Schools and Colleges of Law cover the subject, albeit briefly, in a course titled "Family Law" or a similar title, and Schools and Colleges of Medicine cover the topic in courses identified as "Pediatrics, General Medicine, or Radiology", relatively little is being done to provide adequate pre-service training of personnel who will ultimately be responsible for direct work in the field of child abuse and neglect.

We believe that, in addition to sponsoring training programs for professionals already in the field, and in addition to the development of various curricula, more attention should be paid to the institutionalization of child abuse and neglect in schools of law, medicine, social work, education and other pre-professional training programs. Moreover, we feel that institutions with preparation programs in more than one professional field should be encouraged to provide multidisciplinary, interdepartmental programs at both the pre-service and in-service levels.

Summary

In summary, the Education Commission of the States' National Advisory Committee on Child Abuse and Neglect respectfully recommends the following amendments to P. L. 93-247 establishing clear and specific objectives. These recommendations are:

1. The creation of a National Advisory Committee drawn from the public sector with regularly scheduled meetings.

2. The support of research, programs and projects designed to yield the instrumentation and techniques for predicting high-risk parents, for teaching appropriate parenting behaviors and for providing non-threatening and prompt intervention.

3. The increase in the percentage of available funds going directly to the states with minimum federal regulation.

4. The retention of the present concept of the guardian ad litem.

5. A mandate and the allocation of resources to postsecondary institutions to encourage multidisciplinary and interdepartmental training programs at the pre-service and in-service level.

We sincerely hope that these recommendations of the Education Commission of the States' Advisory Committee on Child Abuse and Neglect will receive your thoughtful and serious consideration.

If the National Advisory Committee or any of its members can be of further service to you in your efforts to improve our national posture regarding abused, neglected and sexually exploited children, please afford us that privilege.

Respectfully submitted,

Robert F. Bennett, Governor
State of Kansas
Chairman, Education Commission of
the States' National Advisory Committee
on Child Abuse and Neglect

RFB:jc

cc: The Kansas Congressional Delegation

STATE OF KANSAS

OFFICE OF THE GOVERNOR
State Capitol
Topeka

ROBERT F. BENNETT
Governor

December 6, 1976

Dr. Sharlene P. Hirsch, Coordinator
Education and Human Development Group
HEW Team, Transition Planning Group
P. O. Box 2600
Washington, D. C. 20013

Dear Dr. Hirsch:

The Education Commission of the States' National Advisory Committee on Child Abuse and Neglect is a non-partisan group composed of recognized leaders in the legislative and executive branches of state and local government, experts from the field of medicine, law, education, social work and law enforcement, and parents and volunteer organizations. At the December 3 and 4, 1976 meeting of the Committee, we unanimously decided to respond to your request for legislative and organizational options, specifically relating to the Child Abuse Prevention and Treatment Act which is coming up for reauthorization.

We urge that the incoming Administration and the Congress reaffirm and continue its concern for the plight of our country's neglected and abused children by reauthorization of Public Law 93-247.

We strongly recommend that the following five modifications be enacted in that law to permit that act to more affirmatively serve the needs of children it purports to assist.

> (1) It is recommended that not less than 75% of the total sum appropriated under this act for any fiscal year be allocated for distribution to the states for the specific purpose of assisting the states in developing, strengthening and carrying out child abuse prevention and treatment programs.

Rationale

The most pressing need identified by states is the need for additional funds to make possible the promotion, improvement and expansion of services designed to respond to reports of suspected cases of neglect and abuse. Additional funds are needed for training of personnel engaged in the various disciplines involved in identification and treatment of these social ills. The reality of rising caseloads resulting from improved casefindings and/or from an increase in the incidence itself cries out for the kind of relief which can only be met by a corresponding recruitment of additional personnel.

(2) It is recommended that criteria for state eligibility for grants in this area be relaxed by modifying mandated requirements to permissive guidelines. Specifically, it is suggested that the phrase in section 4(b)(2) of the act reading: "In order for a state to qualify for assistance under this subsection, such state shall ___" be modified by changing the last word "shall" to "should substantially." Additional change is suggested in section 3 which reads: "For purposes of this act the term 'child abuse and neglect' means:" should be changed to read: "For purposes of this act the term 'child abuse and neglect' may include:."

Rationale

With the earlier recommendation that not less than 75% of the appropriation under this act for any fiscal year be allocated for state grants to meet the desperate need for more adequately funding necessary services, it becomes imperative for states to be permitted to qualify more readily. The change in phrasing should not be regarded as an abandonment of goals on behalf of children, but as a relaxation of one set of criteria to permit more rapid development of services to meet the criteria of children's need for immediate help, help which could be denied them if state programs were not sufficiently funded.

(3) It is recommended that not less than 20% of the appropriation under this act for any fiscal year be used for grants to institutions of higher learning or to private, non-profit organizations for the conduct of research or the operation of resource centers and demonstration projects.

Rationale

Concensus seems to agree that there should be continued support of resource center activities, as well as a continuation of research and demonstration grants. However, these should be continued with much more careful screening of utility and need, with funding limited to more meaningful and less duplicative projects.

(4) It is recommended that $475,000 of the appropriation under this act be allocated for use in support of the activities of an Advisory Board set up as recommended herein (over 3 years).

It is recommended that an Advisory Board composed of 25 persons be appointed by the Secretary. The Board would meet regularly, in no event less than twice each year. They would advise and assist in coordinating programs of NCCAN under this act and should advise and assist in the development of federal standards and guidelines for child abuse and neglect. They would also provide an annual report to HEW secretary.

Composition of the Board should consist of eight persons who should be appointed from NCCAN funded projects. The remainder should be persons knowledgeable in the field of child abuse and neglect with representation from disciplines related to prevention or treatment. Membership on the Board should extend for the life of the act, but in no event for a period longer than three years.

Rationale

The present structure of an Advisory Board draws its membership solely from representatives of federal agencies. That pattern bars input from other informed persons and agencies not within the federal system. The proposed format enlarges the scope of advisory input by incorporating grantee agency representatives and non-federal agency participants.

(5) The Committee also recommends future legislation allocate more resources to prevention programs. Specifically the Committee believes that parent education be offered through the public schools, continuing education, adult education, and community center schools.

Rationale

It is our judgment that over time, appropriate parenting skills would drastically reduce the incidence of child abuse and neglect.

We respectfully request that you take these recommendations under serious advisement. If we may be of further assistance, please let us know.

***

Chairman:
The Honorable Robert F. Bennett
Governor of Kansas

Ms. Grace Baisinger
First Vice President
National Parent-Teacher Association
Washington, D.C.

Mrs. Otis R. Bowen
Indiana

Mrs. M. Elizabeth Chitty
President
Board of Education
Plainfield, New Jersey

The Honorable Robert Davis
State Representative and Chairman,
Education Committee
Tennessee

Mr. Vincent DeFrancis
American Humane Association
Children's Division
Colorado

Mr. Brian Fraser, Executive Director
National Committee for Prevention
of Child Abuse
Chicago, Illinois

Frederick C. Green, M.D.
Children's Hospital
Washington, D.C.

Dr. Floyd Hall
Superintendent
Greenville County School District
South Carolina

John Himelrick
Interagency Council for Child
Development Services
West Virginia

Dr. Donald F. Kline
Department of Special Education
Utah State University

Ms. Pam S. Levin
Vice President
Citizens' Committee for Children of
New York, Inc.

Ms. Leila Lewis
State Department of Education
Boise, Idaho

The Honorable Anne Lindeman
State Senator
Arizona

Mrs. Eleanor McGovern
Washington, D. C.

The Honorable Jan Meyers
State Senator
Kansas

Dr. Edward C. Pomeroy
Executive Director
American Association of Colleges for
Teacher Education
Washington, D.C.

The Honorable Lisa Richette
Judge, Court of Common Pleas
Philadelphia, Pennsylvania

Ms. Barbara J. Sabol
Director
Division of Services to Children
and Youth
Topeka, Kansas

Carl Scott
Associate Executive Director
Council on Social Work Education
New York City

Mr. Gene Sell
Assistant Principal
Campbell County High School
Kentucky

Ms. Donna J. Stone
President
National Committee for Prevention
of Child Abuse
Illinois

Dr. Duane Thomas
University of Kansas Medical Center

Dr. Michael D. Usdan, President
The Merrill-Palmer Institute
Detroit, Michigan

Mr. Brademas. Thank you very much, Mr. Fraser, for your statement.

I would make a couple of observations and then ask you a question or two.

I do think it ought to be noted in light of your criticism of what you believe to be too much duplication and fragmentation that this is 1977 and this law has only been funded since 1974. I make this observation because I have come to the judgment that there are times, in respect to new programs that provide funds in the field of human behavior, when we put a nickel in the machine on Monday and should not be shocked that we don't have all the answers by Tuesday. So, I have a somewhat greater sense of the limitations and the fallibility which we have to approach some of these matters.

Having said that, I go on to say that I am not quite clear just what you have in mind when you talk about a national blueprint, particularly when the sums of money that we are talking about here are relatively modest and particularly when I think one of the principal purposes of the legislation was to move into a field about which we found we really didn't know as much as we ought to know. That is one reason we want to support some research and seek to develop some goals and objectives.

With respect to your suggestion that we should seek to develop such goals, I find myself very sympathetic to what you say. I am just a little bit leary about phrases like national blueprint. We are talking about an area where the national Government is only putting up modest amounts of money and we also are involved with the State and local law enforcement officials as well as with a wide variety of other institutions.

That phrase, therefore, and I don't want to lean on it overly much, may be somewhat too ambitious.

My final observation, and after I have made it you may want to comment, has to do with your criticism of the lack of coordination of our efforts on the one hand while on the other you urge that 60 percent of the moneys be sent to the States.

I am not sure that those two admonitions on your part necessarily are on all fours with each other. Maybe you would like to comment on those reactions on my part.

Mr. Fraser. I don't know exactly what order to proceed in. It is my belief, from working in the field for years, now that there is a certain amount of base knowledge that is known. I think, to a certain extent, we continue to reinvent the wheel when we fund a number of projects. I think that after 3½ years of Federal involvement and 15 to 20 years of private involvement there is a basic informational data base that can be utilized to specifically indicate where we would like to go over the next 3 years or 4 years.

I do not mean to suggest that we should define those objectives in such narrow language that we don't have the leeway to make some alteration. At the same time, I get the feeling—I ran a Federal resource center for 2½ years—that we continue to stand in a circle and throw money in all directions.

It seems to me that with a limited amount of money that it would be more prudent to take that money and develop specific objectives or general guidelines on where we would like to go and funnel those funds through that particular plan or blueprint, piggybacking on each others efforts.

One of the problems that I had when I was working in Denver as Director of the Resource Center—I had a budget of $300,000 each year—there were nine other regional resource centers around the country and I really had no idea what projects they had undertaken, what priorities they had developed, in which direction they were moving over the next 3 years.

The Federal Government had set up no forum or vehicle for communication and cooperation between projects. I am trying to say in a very, very simple sense and probably not very articulately that if we had some plan or some blueprint, and I do not mean to try to draft it terribly specifically, I think the efforts of different resource projects and demonstration projects around the country could be piggybacked one on top of another and rather than having money going East, West, North and South, we could at least funnel the money in one direction and piggyback on each others efforts.

You are absolutely right, Federal funds are relatively scarce or small. There is a tremendous amount of funds that come through the individual States, a tremendous amount of effort that comes from public health, mental health, Red Cross, Salvation Army, and the individual policy forces.

At the same time, I believe that perhaps it is the Federal Government's responsibility to develop a policy and to try to bring those rather diverse organizations and agencies together so that you don't get that duplication on a State level.

Again, I am simply suggesting that what we need now, and I believe we do have the informational data and the data base to develop a simple statement or simple set of objectives saying this is where we want to go over the next 3 years, this is how we think we will be able to accomplish it. That does not necessarily rule out the possibility of research grants in different areas. I would be very saddened if we did.

At the same time, I feel that unless we have some type of blueprint, or plan, or some form of unified action we will continue with duplication and fragmentation of efforts and with limited resources, I think, that is fatal.

Mr. Brademas. Could you just very briefly answer this question, Mr. Fraser.

When you say goals and objectives, do you have in mind defining those goals and objectives in terms of how many research grants are funded or how many communities are entered into, that is to say the process, or are you talking about how many cases of child abuse are dealt with?

Mr. Fraser. I believe I am speaking in much more general terms than that. It was my understanding when we originally held the hearings on Public Law 93-247 that it was originally conceived that there would be a national center in Washington, D.C., out of which Federal funds would flow.

The country is divided into 10 HEW regions around the country. In each of the HEW regions there would be created what is referred to as a regional demonstration resource center that would offer training and technical assistance, consultation, and expertise. The fact is individual States have primary responsibility for child abuse and neglect.

Unfortunately, in some cases they lack the resources and expertise and they lack the skills to do an appropriate job. It is my understanding that Federal funds would flow out of NCCAN into these regional resource centers. The regional resource centers would develop a core of expertise that in turn would be passed on to the individual States. The individual State, in turn, would develop the capability and the expertise to deal in a viable manner with child abuse and neglect.

It was also my understanding that within 5 to 6 years that the majority of the responsibilities would have flowed from the Federal Government to the individual regional resource centers back to the States where they belong. So my idea of objectives is much more general than the number of cases.

Mr. **Brademas.** Mr. Jeffords.

Mr. **Jeffords.** I may not be as optimistic as you, but I am in agreement with you. Having been a prosecutor and also having represented children's rights in some of these cases, I know how limited the funds are at the State level. I tend to agree that at this time we may have learned enough. I may be prejudiced because of my own involvement but I feel we could much better utilize these limited funds by getting them to the States.

I wonder if we could add your figures up? You recommend 60 percent for the States and 25 percent for private higher educational institutions. This leaves 15 percent to accomplish whatever other national objectives that exist, such as advisory boards and coming up with a national plan in this area. Do you think you can divide it that way and adequately cover the remaining national objectives?

Mr. **Fraser.** Yes, I do.

Mr. **Jeffords.** What part of the statute and functions in the act would you eliminate by necessity because of limited funds?

Mr. **Fraser.** First of all, as a general statement, we do have three rather general goals in Public Law 93-247. That is the identification, treatment, and prevention of child abuse. I would say personally that I think the majority of money is allocated through NCANN in two directions, the development of a model law and the development of training materials and training. The actual treatment for abuse of children, their parents, the family unit, has been grossly underfunded. The actual preventive efforts for child abuse and neglect have been almost totally neglected.

I would like to see the legislation drafted so that the money flows into the regional resource centers, I think that they are the key to coordination and communication among the States. Training now flows out of the Federal Government. I think that that is a function that the regional resource centers could undertake and pass on to the States. They are already funded to do that.

Another requirement was the determination of the incidence of child abuse. That has been funded. That will be finished within the next 2 years.

Mr. **Jeffords.** Then you would use part of the 60 percent to fund the regional offices?

Mr. **Fraser**. No. The 25 percent would go to regional resource centers and demonstration programs that are already functioning; 60 percent would go directly to the States.

Now, I say that because the number of cases of child abuse, the number of reported cases, has increased dramatically as you know over the past 3 years. We are put in a rather ackward position of having limited personnel to receive those reports, make an investigation and offer treatment.

As the number of reported cases has increased, the number of personnel available in the State departments of social services has remained relatively stable. There is only one alternative, that is, a single case worker or protective service worker simply increases the load to where he or she can't do an adequate job.

I think we are backing ourselves in an awkward position until we can funnel more money into the individual States and allow States departments who do have primary responsibility to adequately carry out their function. I think research projects are nifty, I think they are necessary, but unless we can complete an intake and do a proper investigation and offer treatment, research projects mean very little.

Mr. **Jeffords**. I would like to move to an area which is of current concern. That, of course, is the sexual abuse area. I know we in the Congress have a facility for creating a new commission or agency to study every new problem that arises. Reviewing the language in this act, with the exception possibly of the definition of "sexual abuse" in the regulations, it would appear that it is quite conceivable and possible that the present structure we have here could be utilized to deal with child pornography.

I wonder if you agree with that or whether there is a need for such a national approach to the problem or whether it could be adequately dealt with in some other way?

Mr. **Fraser**. I believe that this particular bill would adequately cover it. I define child abuse and the bill defines child abuse to include four elements: nonaccidental physical injury, neglect, sexual molestation, and abuse. I believe sexual molestation and sexual abuse would actually cover what you are talking about, pornography utilizing the 12 year old and 9 year old. Again, I think that perhaps sexual molestation and sexual abuse has been lost somewhat as we have moved toward the actual physical battering of children and money allocated to training.

Mr. **Jeffords**. The regulations allow sexual abuse to be defined by the States?

Mr. **Fraser**. That is correct.

Mr. **Jeffords**. I wonder if that is adequate. Of course, that can be changed by regulation.

Mr. **Fraser**. When you really stop and take a look at the bill it is not a definition at all. It is really four elements. Nonaccidental injury, I suppose, is specific, but neglect is not defined. We have to rely on the definition of neglect in each State. Sexual abuse and sexual molestation is not defined. We have to rely on the definition of each State. I was appalled, I suppose, by a lot of work in the area of legislation for the States, to find that a number of States do not have a definition of sexual molestation and sexual abuse in the juvenile code.

Emotional injury or mental abuse, of course, is almost defined in no State. What some States have done to meet the requirement of Public Law 93-247 is simply to say child abuse is nonaccidental physical injury, neglect, sexual molestation, and abuse. They don't define it and leave it up to the social worker or the court.

Mr. JEFFORDS. If this law were utilized for the purpose of investigating that area, would you still believe it could be done with your recommended distribution of funds?

Mr. FRASER. Yes, I do. I should add that our recommendation would be that the bill be continued for a period of 12 months with the appropriation equivalent to the last year of this bill and that in the 12 months of the extension of the bill that there be a very serious undertaking, a very serious looking at the way Public Law 93-247 might be revamped, and amended, and hypothetically reintroduced in a somewhat different form.

So, I am only suggesting that the bill be extended for 12 months.

Mr. JEFFORDS. Why should we not do that now rather than wait?

Mr. FRASER. It is possible. I say there is a common base of knowledge of child abuse and neglect around the country. I think what it requires is the bringing together of a number of recognized leaders that have been working in this field for 15 to 20 years, bringing them together with the Federal officials and hammering out a bill that is somewhat more realistic to the needs that we face today.

I think that we simply don't have the time right now to do it. We had considered working on a bill that hypothetically we could have presented to this committee and the Senate committee and we found we didn't have the time. The logistics were overpowering. We have people in Los Angeles, Denver, Chicago, and New York, and Florida.

Mr. JEFFORDS. Thank you.

Mr. BRADEMAS. Mr. Biaggi.

Mr. BIAGGI. Thank you, Mr. Chairman.

I am delighted you could be with us this morning to join with us in these hearings on extension of the Child Abuse Prevention and Treatment Act of 1974.

I recall in 1969 when I first came to Congress I introduced legislation to deal with this matter. I was gratified to have been associated with the chairman as a cosponsor of the act in 1974.

Pursuant to the point that Mr. Jeffords raised with relation to pornography and the sexual participation of young people in pornography. I was listening to Larry Flynt early this morning on television. The question was put to him by Mr. Tom Snyder as to whether or not he believed that utilizing young people in pornographic literature and movies was not in some way detrimental to the health of the young people participating and those who might be viewing this activity. Through some tortured reasoning Mr. Flynt felt that the First Amendment prerogatives prevailed as far as the adults were concerned and somehow managed to evade a direct answer with relation to the children.

It occurs to me that even in this day of broader understanding and sexual liberation, which has considerable merit as contrasted to the Victorian attitudes, but certainly some-limitation when we are talking in terms of children who are not only in their teens but less than that—it occurs to me that there is some trauma that develops.

I was curious as to how you felt that activity relates to our concern and what we could do in fact legislatively or otherwise in dealing with this matter?

Mr. **Fraser.** As you know, Representative Biaggi, the primary responsibility would fall on State authorities. Hypothetically what you could do through Public Law 93-247 is to make a relative strong suggestion that the area of pornography involving minors is an area that States should be mutually concerned with. I am almost at a loss to say to you that while I was serving on the Judicial Administrations Commission to draft a model law for child abuse and neglect there was a small minority of persons serving on that Commission who felt that sexual conduct and contact between minors and adults ultimately had not proven to be detrimental to their health or to their interest.

Now, I am not a physician and I am not a psychologist. At the time I was appalled, I am still appalled. I think it is detrimental to their mental health and physical well being. I think the most you could hope to accomplish through a bill like this is a strong indication to the individual States that perhaps this is an area that ought to be fully pursued.

Again, ultimate responsibility rests with the individual States. I am also somewhat at a loss because it is my understanding that the majority of States would have adequate statutes to cover things like this, to cover acts like this.

Mr. **Biaggi.** I have a feeling that more than just State jurisdiction comes into play here. The interstate commerce clause could be applicable. I think the point that has to be made very clearly, and this is where I think the National Committee for the Prevention of Child Abuse could serve, is that we have to muster a voice of sufficient dimension in objection to this type of activity.

You have Mr. Flynt cloaking himself with the First Amendment. Now, that is a very sacred amendment in this country of ours. I believe it has been thoroughly abused in a number of areas. This seems to cap it in my judgment.

You know, we are not prudish by any stretch of the imagination. As a matter of fact, I might say I preceded the liberation movement in this area in my own thinking. But when I view children, 8, 9, 10 years of age, engaging in all types of sexual activities for the cinema, it revolts me. I find it completely repugnant. I think something must be done and I think there should be an avenue. It would be necessary to arouse the public. When it was first displayed there was a human cry from the public but they are short lived.

Mr. **Fraser.** Very much so. I could not agree more. I think you know Dr. Densen-Gerber who is particularly vinvolved with this problem who is, I believe, making a cross-country tour, bringing to the public's awareness the fact that young children, minors, are being utilized in pornographic movies, for magazines, what they call short loops.

I know in Illinois it had a dramatic result. The newspapers have been carrying for the past 2 weeks now stories on children being utilized for pornography purposes. Sexual molestation and sexual abuse is a topic that people don't like to talk very much about. It is the type of thing that is swept under the carpet. It embarrasses people. When I was in Denver I acted as a guardian ad litem representing a number of children who had been sexually molested. In a number of cases the judge called us into the chamber and said:

> There are women present. Don't you think it would be more feasible to proceed on the basis of physical nonaccidental injury as opposed to sexual molestation? There is no reason to embarrass the female social workers in the room.

Mr. **Biaggi.** He sounds medieval.

Mr. **Fraser.** Exactly.

Mr. **Brademas.** Mr. Fraser, thank you very much.

I think you can judge from the questions of the members of the subcommittee that we have found your testimony very illuminating and helpful.

Mr. **Fraser.** Thank you, Mr. Chairman.

Mr. **Brademas.** The Chair would like to call on our colleague on the subcommittee who was indeed one of the original sponsors of this legislation, Congressman Biaggi, who has a deep concern about this problem, to present our next witness.

Mr. **Biaggi.** Thank you, Mr. Chairman. This is indeed a very distinct privilege for me to introduce the next witness. I saw him enter the room just a moment ago. He had led a kind of very active life. As a matter of fact, you might say he in great measure is responsible for the legislation that is now on the books. One thing for certain, he is responsible for my interest in child abuse.

Long before I came to the Congress I had the advantage of his friendship and his knowledge and activity in this area. He has gone on and continued to pursue the cause relentlessly. He gives much of his time in this effort and travels throughout the country testifying wherever the opportunity presents itself to develop attitudes that would assist in focusing attention on the problem and seeking resolution.

On a professional basis he is a medical director and pediatricion-in-chief of the New York Foundling Hospital, Center for Parent and Child Development, and chairman, Mayor's Task Force of the City of New York on Child Abuse.

It is my privilege to present to the committee the next witness, a very outstanding gentleman and professional and my good friend, Dr. Vincent Fontana.

STATEMENT OF DR. VINCENT FONTANA, MEDICAL DIRECTOR AND PEDIATRICIAN-IN-CHIEF, NEW YORK FOUNDLING HOSPITAL, CENTER FOR PARENT AND CHILD DEVELOPMENT, AND CHAIRMAN, MAYOR'S TASK FORCE OF THE CITY OF NEW YORK ON CHILD ABUSE

Dr. **Fontana.** Thank you very much for your kind remarks.

Mr. **Brademas.** Dr. Fontana, we are glad to see you again. I want to echo the welcome you have just received from Mr. Biaggi.

I would note that we have 10 other witnesses this morning in three panels. I wonder, sir, if you could try to summarize your testimony so as to enable us to put questions to you?

Dr. FONTANA. I will do that, Mr. Chairman.

There are certain facts that I think I could better state to the committee through this statement, Mr. Chairman, and members of the subcommittee. I wish to express my appreciation to you for inviting me to give testimony this morning. My remarks today probably will not endear me to OCD or the National Center but I do have a commitment in this area and must take necessary risks.

I would like to preface my remarks by stating at the outset that I did and do now support Public Law 93-247. Through this law and the personal commitment the former chairman of the committee, Vice President Mondale, and each subcommittee members, some very positive results have become apparent since its passage in 1974: Recognition by our Federal Government of the seriousness of the problem of child maltreatment; the establishment of a National Center for Child Abuse and Neglect and the increased involvement of State and city agencies and groups in the area of child abuse that have been put into motion by grants awarded through the Center. However, today we stand between the reality of our accomplishments and our failures and much work remains to be done if this act is to be truly effective in its purpose.

Child abuse and neglect continue to bring undue suffering, death, physical and emotional damage to the children of our Nation. In 1976, in New York City alone an average of two children a week were pronounced dead on arrival at New York hospitals, while over 30,000 children were involved in reported cases of abuse and maltreatment. A conservative estimate that there are at least 2,000 children in this Nation that die every year because of suspected maltreatment by their parents or caretakers is cause for grave concern. As a pediatrician, I know of no other disease that can cause the physical and emotional damage and fatalities that child maltreatment causes and yet there are those that question whether we are truly involved in an epidemic of child abuse in this country. My answer is that we are involved in an epidemic of child abuse in this country which is continuing to increase and is rapidly becoming an accepted child rearing pattern in our society.

Child abuse is an ugly symptom of our times but it is more than that, it is extricably linked with unbearable stress, with impossible living conditions, with material and spiritual poverty, with distorted values, disrespect to human life, and with drug addiction, alcoholism, assaults, armed robberies, murders and the other ills in the midst of which we live.

Unfortunately, in spite of the Child Abuse Prevention and Treatment Act of 1974, comprehensive treatment, rehabilitative and preventive services that would help abusive parents and their children have failed to keep pace with the increased incidence of child maltreatment in this country. This failure is caused by a number of factors.

One of the major causes is rooted in the misplaced program priorities presently existing in the National Center. I believe that future successes in preventing and treating child abuse in this country will depend on the approval by the Congress of some very positive recommendations to change the legislation so that it can be made more effective especially when dealing with the States' commitment to child protection.

It is a tragic fact that the National Center and Office of Child Development, in the past, have established priorities which have supported demonstration and training programs when the primary need was to provide funding for preventive and rehabilitative services for abusive parents. New York City, the child abuse capital of this country, as well as it being the drug abuse capital, with its 30,000 reported cases of suspected child abuse and neglect in 1976 has not received a single dollar of the tens of millions thus far expended.

Progress in attacking the root causes of child maltreatment in this country does not lie in our public relations' firms or in model legislation or media commercialism. We must do away with the problem of political opportunism when dealing with child abuse and move toward a more comprehensive, well organized, supervised national policy for children and their families under Public Law 93–247.

In spite of some positive happenings, the law has not been totally effective in its implementation in a number of areas. There have been indications that compromises and omissions, inadequacy of effort and insufficient expertise at the Center and in the Office of Child Development have allowed the expenditures of tight and limited dollars to carry out needless research, collect information through additional, unnecessary surveys and support conferences and education programs through so-called Federally funded demonstration projects. Over the past year, I have been invited to speak at over a dozen such education seminars.

The performance of the National Center is not being monitored at the present time. While its mandate was clear, it has not proven to be totally effective nor has it through its funding and fiscal responsibilities supported major services that could be models for preventing and remedying the family problems that result in neglect, abuse, exploitation and delinquency of our children.

Frank Ferro, Associate Chief of the Childrens Bureau, confirms this fact. He states "It seems to me that our efforts leading to increased identification and reporting are succeeding handsomely but that our ability to support service delivery and treatment efforts is seriously lacking.

For example, at Vanderbilt University Hospital, moneys have been granted to support a study in Nashville, Tenn., by the Department of Pediatrics to study the "Casual Factors in Neglect and Battering." A grant of $173,000 given for one year. There is ample evidence of the causes of abuse and neglect of children that can be readily found in the medical literature and recent textbooks on the subject in the pioneering studies of Kempe, Helfer, Fontana, Steele and Pollack. There are volumes of testimony on the hearings of your subcommittee in the years past that attest to the fact that information was and is available concerning the psychodynamics of child abuse and the variety of treatment and prevention modalities that have been found effective in dealing with these children and their families. Certainly, these monies could have been more profitably used to make available these preventive and treatment child abuse services.

Mounds of practical information on child abuse and maltreatment has been compiled by the American Humane Association under the expert direction of Vincent de Francis. The American Humane Association has be endedicated to the specific purpose of assuring better protection of the abused and neglected children through the dissemination of very prominent medical, social and legal information on child protection.

This voluminous literature attests to the fact that we do have today a good understanding of the causes of child abuse and how to prevent and treat the problem.

Another example of misspent moneys, the Joseph A. Davies Consultants, Inc., were given $306.539 for 1 year—July 1, 1975 to June 30, 1975—for the provision of technical assistance in the development of child abuse and neglect public awareness programs and materials.

Joseph A. Davies Consultants called on me and my colleagues in the field to learn what should be done to make the public more aware of child abuse. They had no previous experience or expertise whatsoever in the field of child abuse and therefore spent much time and Federal money in visiting and securing information from the experts, some of whom, incidentally, had not been granted assistance by the national center when requesting moneys for support of their work in the treatment and prevention of child abuse. The Joseph Davies Corp. then proceeded to pump this information right back into the areas around the country that gave them this information in the first place.

To compound matters, further, this grant to Joseph A. Davies Consultants was made during the time that discussions were underway with the National Committee of Child Abuse and the advertising council to carry out a nationwide awareness campaign on child abuse.

As a member of the national committee, I participated in these meetings and was acutely aware of Mr. Douglas Besharov's efforts to have the national center coordinate its efforts with the advertising council and the National Committee of Child Abuse, but to no avail. Indeed, while these discussions were going on, the Joseph A. Davies Consultants were pursuing their studies and research in the programing of a public campaign. Again an unnecessary expenditure of hundreds of thousands of dollars by the center.

It is my feeling that this act was supposed to do more than just collect statistics, fund research projects or support public relations firms. It was designed to help the States in staffing, training, and supporting programs that deal daily with child maltreatment. It was supposed to help pay for centers where abused victims could be treated and their families be rehabilitated. Yet HEW and the National Center for Child Abuse and Neglect has granted public relations firms millions of dollars to dream up advertising gimmicks and perform incidence studies which will not bring us any closer to eradicating this disease than we were before this law was passed.

Other examples wherein hundreds of thousands of dollars have been poorly expended under this law include a grant to study the state of knowledge of child neglect, given to the University of Georgia. Another to study the "Early Warning Signals of Serious Neglect and Abuse" given to a School of Social Welfare—in this instance $252,000 given for a period of 1 year.

A huge grant was given to the Institute of Judicial Administration in New York City to study the revision of the 1962 model Child Protective Services Act. During the period of time that this stury went on, meetings were held with the appointed National Advisory Committee throughout the country at great expense for hotel accommodations, travel and living expenses.

Literally thousands of pages of a variety of documents were sent to members of the advisory committee throughout the year, such as several drafts of the Model Act, a report of "Child Maltreatment in Military Communities," a "Study of Child Abuse Reporting Practices and Services in Four States," "Guidelines for Legislation: a National Survey of Attitudes of Selected Professionals Involved in the Reporting of Child Abuse and Neglect" and a "Review of the Literature" containing over 388 references.

This all culminated in the publication of a text by Sussman and Cohen on the "Reporting of Child Abuse and Neglect—Guidelines for Legislation." All of this at a great cost to the Government. Hundreds of thousands of dollars allocated to this project which created a model bill without considering the many new innovative programs which are presently being utilized and developed throughout this country. This model bill and all its work is probably already antiquated and the moneys expended did little or nothing for the victims of the disease it is supposed to protect.

In studying the report of the U.S. Department of Health, Education, and Welfare to the President and Congress of the United States on the implementation of Public Law 93-247, published in August of 1975, the national center granted to Douglas Burninger, Ph. D. of Herner and Co. of Washington, D.C. $494,014 to work towards a clearinghouse on programs and summarization of research on child abuse and neglect. At the same time, HEW's Interdepartmental Committee on Child Abuse and Neglect granted Vincent de Francis of the American Humane Association $184,721 to establish a national clearinghouse for child abuse and neglect. And in May of 1976, I received a letter from the Aspens Systems Corp., asking me to participate in a technical advisory group to the Aspen Systems Corp. in connection with a clearinghouse on child abuse and neglect that was being sponsored by the National Center for Child Abuse and Neglect office of child development. I find it very difficult to comprehend the awarding of such large moneys to a variety of groups to carry out what appears to be similar program proposals.

Some of the other grants that have been awarded in the past that cause great concern is one for $200,000 to Bert Associates, Inc., of Bethesda, Md., to do the development of an evaluation system for measuring cost effectiveness of protective services and then the same Bert Associates received another grant for $107,117 to do a national incidence study.

Last, but not least, awarding $271,246 to Parents' Anonymous of Englewood, Calif. These moneys were used mainly to travel throughout the United States: hotels and living expenses. A variety of publications advertising Parents' Anonymous also were subsidized by the national center—having little to do with any direct treatment of children or parents. Some staff members of Parents' Anonymous groups throughout this country have informed me of their concern as to how these Federal moneys had been spent by the national group in California.

The need to gather further data and conduct further research and to develop a clearinghouse is self-evidence but it appears to me that it is much more important first to make use of all available existing information and experience that have been published by pioneers and experts dealing with the problem on a day-by-day basis. It is the basic information that should be further developed and supported. Programs that have been proven to be effective in the treatment and in rehabilitation of abusive parents such as those that are presently functioning at centers in Denver, Boston, California, Mighigan, and New York should be supported.

Dr. Henry Kempe has submitted proposed amendments to Public Law 93–247 which we have discussed. I completely support these proposed amendments. I do have a copy of these proposed amendments for the subcommittee and will therefore not discuss them in detail. I support them in spite of the fact that in some instances these changes would not deprive the National Center or HEW generally of the authority to pursue already established policies since there are many ways of skinning the cat.

I would like to add, however, that I think the last proposed amendment, namely, that the Child Abuse Prevention and Treatment Act require the appointment of an Advisory Board on Child Abuse and Neglect which shall be composed of 15 members representative of the Nation at large be given consideration. Pediatricians should be included in any advisory group affecting child health care. This advisory board of experts, I believe, will serve to pull together in an intensive, critical manner the effectiveness of the National Center of Child Abuse and Neglect in their funding of programs.

I should have the power to approve or disapprove of proposals submitted for funding. The present grant policy in OCD is defective and biased. The advisory group could also through exhaustive, nonbiased evaluation make available to all concerned what is being done with Federal moneys; what is not being done; and what more can be done.

By providing consultative expertise with regard to the essential components and mandates of this law, one can be more hopeful that we will be more effective and prudent in our future financial expenditures. I pray that this will assure all of us involved in solving this tremendous problem that the National Center for Child Abuse and Neglect is conscious and aware of a firm and clear statement of this law's intent and commitment to the children and families of our country.

Any national health financing plan whether it be in child abuse or infectious diseases, must include an effective peer review mechanism which is at the present time nonexistent in the Center. Meaningful accountability is critical and urgent to effective functioning of the Center under the law. A firm base of operation is essential if further progress is to be made in this area.

Congressional action is needed in mandating program support in every State, allocating sufficient funds specifically designed to fund child abuse protective services in each State. The problem exists in every State—every State should be given the opportunity of caring for its children and their troubled parents. Investment of the Federal dollar in the prevention and treatment of child abuse is not only humanitarian but we have found it is also cost effective.

This subcommittee and the Congress in supporting this legislation has been and hopefully will continue to be especially responsive to the needs of our most vulnerable, yet most valuable sector of our society, namely, our children. We must underline and remember that the proposed amendments and extension of this law must make available visible support to the troubled American family. Despite the changes in our society, the family unit is still the best and the most effective way to insure the physical, emotional and social health of our children and prevent their maltreatment.

Thank you, Mr. Chairman.

[Prepared statement of Dr. Vincent J. Fontana follows:]

PREPARED STATEMENT OF VINCENT J. FONTANA, M.D.

Mr. Chairman and members of the subcommittee, I wish to express my appreciation to you for inviting me to give testimony this morning.

I would like to preface my remarks by stating at the outset that I did and do now support Public Law 93-247. Through this law and the personal commitment of the former Chairman of the committee, Vice President Mondale, and each subcommittee member, some very positive results have become apparent since its passage in 1974: Recognition by our Federal government of the seriousness of the problem of child maltreatment; the establishment of a National Center for Child Abuse and Neglect and the increased involvement of state and city agencies and groups in the area of child abuse that have been put into motion by grants awarded through the Center. However, today we stand, between the reality of our accomplishments and our failures and much work remains to be done if this Act is to be truly effective in its purpose.

Child abuse and neglect continues to bring undue suffering, death, physical and emotional damage to the children of our nation. In 1976, in New York City alone an average of 2 children a week were pronounced dead on arrival at New York City hospitals, while over 30,000 children were involved in reported cases of abuse and maltreatment. A conservative estimate that there are at least 2,000 children in this nation that die every year because of suspected maltreatment by their parents or caretakers is case for grave concern. As a pediatrician, I know of no other disease that can cause the physical and emotional damage and fatalities that child maltreatment causes and yet there are those that question whether we are truly involved in an epidemic of child abuse in this country. My answer is that we are involved in an epidemic of child abuse in this country which is continuing to increase and is rapidly becoming an accepted child rearing pattern in our society.

Child abuse is an ugly symptom of our times but it is more than that, it is extricably linked with unbearable stress, with impossible living conditions, with material and spiritual poverty, with distorted values, disrespect for human life, and with drug addiction, alcoholism, assaults, armed robberies, murders and the other ills in the midst of which we live.

Unfortunately, in spite of the child abuse Prevention and Treatment Act of 1974, comprehensive treatment, rehabilitative and preventive services that would help abusive parents and their children has failed to keep pace with the increased incidence of child maltreatment in this country. This failure is caused by a number of factors. One of the major causes is rooted in the misplaced program priorities presently existing in the National Center. I believe that future successes in preventing and treating child abuse in this country will depend on the approval by the Congress of some very positive recommendations to change the legislation so that it can be made more effective especially when dealing with the states' commitment to child protection.

It is a tragic fact that the National Center and Office of Child Development, in the past, has established priorities which have supported demonstration and training programs when the primary need was to provide funding for preventive and rehabilitative services for abusive parents. New York City, the child abuse capitol of this country, as well as it being the drug abuse capitol, with its 30,000 reported cases of suspected child abuse and neglect in 1976 has not received a single dollar of the tens of millions thus far expended.

Progress in attacking the root causes of child maltreatment in this country does not lie in our public relations' firms or in model legislation or media commercialism. We must do away with the problem of political opportunism when dealing with child abuse and move toward a more comprehensive, well organized, supervised national policy for children and their families under Public Law 93–247.

In spite of some positive happenings, the law has not been totally effective in its implementation in a number of areas. There have been indications that compromises and omissions, inadequacy of effort and insufficient expertise at the Center and in the Office of Child Development have allowed the expenditures of tight and limited dollars to carry out needless research, collect information through additional, unnecessary surveys and support conferences and education programs through so-called federally funded demonstration projects. Over the past year, I have been invited to speak at over a dozen such education seminars.

The performance of the National Center is not being monitored at the present time. While its mandate was clear, it has not proven to be totally effective nor has it through its funding and fiscal responsibilities supported major services that could be models for preventing and remedying the family problems that result in neglect, abuse, exploitation and delinquency of our children.

For example, at Vanderbilt University Hospital, monies have been granted to support a study in Nashville, Tennessee by the Department of Pediatrics to study the "Causal Factors in Neglect and Battering." A grant of $173,000 given for one year. There is ample evidence of the causes of abuse and neglect of children that can be readily found in the medical literature and recent textbooks on the subject in the pioneering studies of Kempe, Helfer, Fontana, Steele and Pollack. There are volumes of testimony on the hearings of your subcommittee in the years past that attest to the fact that information was and is available concerning the psychodynamics of child abuse and the variety of treatment and prevention modalities that have been found effective in dealing with these children and their families. Certainly, these monies could have been more profitably used to make available these preventive and treatment child abuse services.

Mounds of practical information on child abuse and maltreatment has been compiled by the American Humane Association under the expert direction of Vincent de Francis. The American Humane Association has been dedicated to the specific purpose of assuring better protection of the abused and neglected children through the dissemination of very pertinent medical, social and legal information on child protection.

This voluminous literature attests to the fact that we do have today a good understanding of the causes of child abuse and how to prevent and treat the problem.

Another example of misspent monies, the Joseph A. Davis consultants, Inc. were given $306,539.00 for one year (7/1/75 to 6/30/75) for the provision of technical assistance in the development of child abuse and neglect public awareness programs and materials. Joseph A. Davies Consultants called on me and my colleagues in the field to learn what should be done to make the public more aware of child abuse. They had no previous experience or expertise whatsoever in the field of child abuse and therefore spent much time and Federal money in visiting and securing information from the experts. Some of whom, indicentally, had not been granted assistance by the National Center when requesting monies for support of their work in the treatment and prevention of child abuse. The Joseph Davies Corporation then proceeded to pump this information right back into the areas around the country that gave them this information in the first place.

To compound matters further, this grant to Joseph A. Davies Consultants was made during the time that discussions were underway with the National Committee of Child Abuse and the Advertising Council to carry out a nationwide awareness campaign on child abuse. As a member of the National Committee, I participated in these meetings and was acutely aware of Mr. Douglas Besharov's efforts to have the National Center coordinate its efforts with the Advertising Council and the National Committee of Child Abuse but to no avail. Indeed, while these discussions were going on, the Joseph A. Davies Consultants were pursuing their studies and research in the programming of public awareness campaign. Again an unnecessary expenditure of hundreds of thousands of dollars by the Center.

It is my feeling that this Act was supposed to do more than just collect statistics, fund research projects or support public relations' firms. It was designed to help the States in staffing, training and supporting programs that deal daily with child maltreatment. It was supposed to help pay for Centers where abused victims could be treated and their families be rehabiliated. Yet HEW and National Center for Child Abuse and Neglect has granted public relations firms millions of dollars to dream up advertising gimmicks and perform incidence studies which will not bring us any closer to eradicating this disease than we were before this law was passed.

Other examples wherein hundreds of thousands of dollars have been poorly expended under this Law include a grant "To Study The State of Knowledge of Child Neglect" given to the University of Georgia. Another, to study the "Early Warning Signals of Serious Neglect and Abuse" given to a School of Social Welfare—in this instance $252,000 given for a period of one year.

A huge grant was given to the Institute of Judical Administration in New York to study the revision of the 1962 model Child Protective Services Act. During the period of time that this study went on, meetings were held with the appointed National Advisory Committee throughout the country at great expense for hotel accommodations, travel and living expenses. Literally, thousands of pages of a variety of documents were sent to members of the Advisory Committee throughout the year, such as several drafts of the Model Act, a report of "Child Maltreatment in Military Communities," a "Study of child Abuse Reporting Practices and Services in 4 States", "Guidelines for Legislation: a National Survey of Attitudes of Selected Porfessionals Involved in the Reporting of Child Abuse and Neglect" and a "Review of the Literature" containing over 388 references. This all culminated in the publications of a text by Sussman and Cohen on the "Reporting of Child Abuse and Neglect—Guidelines for Legislation. All of this at a great cost to the government. Hundreds of thousands of dollars allocated to this project which created a model bill without considering the many new innovative programs which are presently being utilized and developed throughout this country. This model bill and all its work is probably already antiquated and the monies expended did little or nothing for the victims of the disease it is supposed to protect.

In studying the report of the United States Department of Health, Education and Welfare to the President and Congress of the United States on the implementation of Public Law 93-247, published in August of 1975, the National Center granted to Douglas Burninger, Ph.D. of Herner and Company of Washington, D.C. $494,014 to work towards a clearinghouse on programs and summarization of research on child abuse and neglect. At the same time, HEW's Interdepartmental Committee on Child Abuse and Neglect granted Vincent deFrancis of the American Humane Association $194,721 to establish a national clearinghouse for child abuse and neglect. An in May of 1976, I received a letter from the Aspens Systems Corporation, asking me to participate in a Technical Advisory Group to the Aspen Systems Corporation in connection with a clearinghouse on child abuse and neglect that was being sponsored by the National Center for Child Abuse and Neglect Office of Child Development. I find it very difficult to comprehend the awarding of such large monies to a variety of groups to carry out what appear to be similar program proposals.

Some of the other grants that have been awarded in the past that cause me great concern is one for $200,000 to Bert Associates, Inc. of Bethesda, Md. to do the Development of an Evaluation System for Measuring Cost Effectiveness of Protective Services and then the same Bert Associates received another grant for $107,117 to do a national incidence study.

Last but no least, awarding $271,246 to Parents Anonymous of Englewood, Cailfornia. These monies were used mainly to travel throughout the United States; hotels and living expenses. A variety of publications advertising Parents' Anonymous also were subsidized by the National Center—having little to do with any direct treatment of children or parents. Some staff members of Parents' Anonymous' groups throughout this country have informed me of their concern as to how these Federal monies had been spent by the National Group in California.

The need to gather further data and conduct further research and to develop a clearinghouse is self evident but it appears to me that it is much more important first to make use of all available existing information and experience that have been published by pioneers and experts dealing with the problem on a day by day basis. It is this basic information that should be further developed and supported. Programs that have been proven to be effective in the treatment and in rehabilitation af abusive parents such as those that are presently functioning at Centers in Denver, Boston, California, Mighigan and New York should be supported.

Dr. Henry Kempe has submitted proposed amendments to Public Law 93–247 which we have discussed. I completely suport these proposed amendments. I do have a copy of these proposed amendments for the subcommittee and will therefore not discuss them in detail.

I would like to add however that I think the last proposed amendment, namely, that the child abuse provention and treatment act require the appontment of an Advisory Board on Child Abuse and Neglect which shall be composed of 15 members representative of the nation at large be given strong consideration. Pediatricians should be included in any Advisory Group affecting child health care. This Advisory Board of experts, I believe, will serve to pull together in an intensive critical manner the effectiveness of the National Center of Child Abuse and Neglect in their funding of programs. The Advisory group could also through exhaustive, non-biased evaluation make available to all concerned what is being done with Federal monies; what is not being done; and what more can be done. By providing consultative expertise with regard to the essential components and mandates of this Law, one can be more hopeful that we will be more effective and prudent in our future financial expenditures. I pray that this will assure all of us involved in solving this tremendous problem that the National Center for Child Abuse and Neglect is conscious and aware of, a firm and clear statement of this Law's intent and commitment to the children and families of our country .

Any national health financing plan, whether it be in child abuse or infectious diseases, must include an effective peer review mechanism which is at the present time non-existent in the Center. Meaningful accountability is critical and urgent to effective functioning of the Center under the Law. A firm base of operation is essential if further progress is to be made in this area.

Congressional action is needed in mandating program support in every state, allocating sufficient funds specifically designated to fund child abuse protective services in each state. The problem exists in every state—every state should be given the opportunityof caring for its children and their troubled parents. Investment of the Federal dollar in the prevention and treatment of child abuse is not only humanitarian but we have found it is also cost effective.

This subcommittee and the Congress in supporting this legislation has been and ,hopefully will continue to be especially responsive to the neds of our most vulnerable, yet most valuable sector of our society, namely our children. We must underline and remember that the proposed amendments and extension of this Law must make available visible support to the troubled American family. Despite the changes in our society, the family unit is still the best and the most eeffctive way to insure the physical, emotional and social health of our children and prevent their maltreatment.

Mr. Brademas. Thank you very much, Dr. Fontana, for a most interesting and illuminating statement.

I conclude from your statement that despite your criticisms of the administration of this act that you wish nonetheless to see the law extended. Is that correct, sir?

Dr. Fontana. I not only wish to see it extended, but I would also hope that more funds be appropriated after the amendments are made to the law so that there can be proper accounting of moneys that are going to be spent in the future.

Mr. Brademas. Second, Dr. Fontana, you indicated that you felt it was not necessary, if I hear you right, to invest more funds from the act in training and demonstration programs but rather that moneys should be put into preventive and rehabilitative services. Is that correct?

Dr. FONTANA. That is true, Mr. Chairman. Is has been our experience in the past decade that training programs and teaching programs have been the responsibility of the medical, legal, and social scientists of the community as well as private foundations.

I think under this law we should really be directing our attention to the treatment and preventive facilities that are already available, already found to be working in a very acceptable manner, such as the program we started in the New York County hospital which you visited during one of your hearings.

Our program is now going into its fourth year. We have been able to break the cycle breeding violence in over 70 percent of our people. Our program has been replicated throughout the country. It is programs such as this that I think need the support of the Federal act so that we can develop further models such as this in the community.

Mr. BRADEMAS. I take it further from what you have said, if I can make this generalization, that you feel that by and large we understand the problem of child abuse prevention and treatment and that our principal objective ought therefore to be to focus on prevention and rehabilitation, that you don't—I hear you saying—think we need to do so much in the field of research. We already—I don't want to put words in your mouth and I want to understand you—we already know how to cope with the problem.

Dr. FONTANA. I don't say we should do away with research and training. I think the priority should be in the area of treatment and prevention. In other words, actual patient care and service to children and families. We don't have enough money nor enough program expension in order to deal with the problem at its present pace.

Mr. BRADEMAS. If that is the case, if your analysis is accurate, then let me put this question to you. If on the one hand the problem is as grave as you have indicated, in fact you have told us, I think, that you believe that child abuse can be described as an epidemic in the country——

Dr. FONTANA. That is true, sir.

Mr. BRADEMAS. If it is so serious that it can be described as an epidemic on the one hand and on the other you feel that we know by and large how to cope with the problem if we would only put enough money into preventive and rehabilitative agencies, is that a fair characterization?

Dr. FONTANA. I think it is a fair characterization. We are not only dealing with the problem of a child being abused or parents abusing the children, but we feel many of the abused children are the perpetrators of crime and violence in society today.

Mr. BRADEMAS. I haven't gotten to my question. My point is if you are asserting, Dr. Fontana, that the problem of abuse in the U.S. is so serious as to warrant the characterization of it as epidemic and if you say on the other hand that we need to put more money into prevention and rehabilitation, why is it that the States and local units of Government, confronted with that kind of analysis, are not putting more money into it? The moneys that the Federal Government can provide surely will not be adequate, even if we were significantly to increase appropriations, to cope with a problem so vast as to be epidemic in nature. Where is the State leadership if this problem is so grave? Why aren't the States voting State tax dollars for this? Why aren't local units of government voting local tax dollars? Why aren't moneys being earmarked from revenue sharing funds to cope with child abuse?

Dr. FONTANA. I believe this should be done. I think it is not being done simply because there are people in this country who are still unaware of the seriousness of the problem, still do not believe this is an epidemic of child abuse. When you see two dead, battered children a week in a medical examiner's office on the autopsy table, I don't know of any infectious disease that can cause that amount of damage, there is an epidemic.

I think it is a matter of becoming aware of it .Four years ago when Doug Besharov and I came up here and talked to Congressman Biaggi and yourself and Senator Humphrey, they weren't aware of the problem, just as Mayor Lindsay was not aware of the problem when I became head of the Mayor's task force. The New York Foundling Hospital program is being supported by city and State funds. I am told that is as much as they can give. There are people in the State of New York and city of New York that would like to replicate our program but there are not moneys available. I do think that States and cities should assume responsibility but I think moneys from the Federal Government should be given high priority for treatment and prevention. It is not only the abused child at this point; we are concerned about the future violence in our society, the muggers and alcoholics that we now see that come from deprived, neglected homes.

Mr. BRADEMAS. You suggested, I think, that a lot of expenditures that have been made under the act so far were politically inspired.

Dr. FONTANA. Yes.

Mr. BRADEMAS. What did you mean by that?

Dr. FONTANA. I meant that soon after this act, after we had worked toward getting moneys for this act, we submitted a proposal of our program which is a very comprehensive, multidisciplinary approach, which is one of the first of its type in the country. We were turned down with a statement made by a committee, which was not experienced in the field of child abuse at that time and didn't know what it was all about, stating that, number one, our program was psychiatrically oriented—and is only 10 percent of the program—second, we were not at all tied in with any of the city services, and that was, of course, untrue because it is part of the special services for children's programs, part of the child protective unit.

Patients are referred to us through the family courts, through the hospitals and through organizations in the community.

The third reason was the fact that it could not be replicated simply because the patients were a select group.

It was not a select group. They were referred to us by agencies in the city.

In a recent book by Dr. Kempe he makes a statement indicating this is probably one of the best examples of the model program in the world actually.

Mr. BRADEMAS. Thank you very much, Doctor.

Mr. Jeffords.

Mr. **Jeffords**. Your description is epidemic; increasing epidemic, is the term you used. Is this, in your opinion, an increasing problem or is it just better reporting of an existing problem?

Dr. **Fontana**. I think people would want to say it is better reporting. I think it is better reporting, better recognition. I do see it on a day-by-day basis. With the increases and stresses and strains, with unemployment going up we are seeing more of it coming into the hospital. We are seeing it more with the medical expertise. We didn't see two children week, we didn't see a hundred children dying of maltreatment in a city such as New York City. I do think it is an epidemic. I don't know of any other disease that can cause that amount of death and misery in children. I do call it an epidemic.

Mr. **Jeffords**. And an increasing one?

Dr. **Fontana**. Yes, definitely.

Mr. **Jeffords**. You say there seemed to be a correlation between child abuse and later incidents of crime by abused children. Have there been a number of studies done on that?

Dr. **Fontana**. There have been studies done on murderers that have been in prisons. Practically all of the murderers that were questioned had been battered as children. Oswald, Dillinger, James Earl Ray. All these people, if you go back on their history—I have done research on it—indicated they had come from homes in which they had been abused, battered and neglected. There is also a study from the select committee of New York City indicating 75 percent of the juvenile delinquents we are dealing with now have come from homes in which there has been a good deal of violence as well as abuse.

Mr. **Jeffords**. I would like to get to the money question. First, doesn't New York State meet the criteria within this law to be eligible for funds?

Dr. **Fontana**. I would hope so. I think New York City was a leader in this field of child abuse with Congressman Biaggi's support.

Mr. **Jeffords**. I am talking about New York State.

Dr. **Fontana**. New York State, I think, should because we had the select committee. We have Assemblyman Duryed who was speaker of the house and who has been a proponent of child abuse bills. I see no reason why we should not be filling the criteria. I think we do.

Mr. **Jeffords**. As far as money goes, and we have to assume that probably somewhere in the area of $20 million will be appropriated, and in view of your comments that some of the money ought to go to the States and cities for prevention and assistance, how would you split this money up as compared to the way it is allocated in the act?

Dr. **Fontana**. I would think 80 percent of it should go to the direct treatment and prevention services for children and parents. I think the other 20 percent can be used for any kind of research or monitoring some kind of peer review, to be sure that the money is being appropriately spent. I don't believe that we have to do any more searching out for what causes child abuse. I think we have found modalities. Dr. Kempe found them. We have worked with him. They have been proven to be effective. Why not go on with the business of treating these families and children.

Mr. **Jeffords**. Now, if we were to change the act, how would you have the Federal Government decide where that money would go? Should it go to States, cities, private institutions? What kind of criteria would you establish for distribution of that 80 percent.

Dr. **Fontana**. I think it would have to be distributed through the States and hopefully the States would distribute it to the communities that were in need, based on the percentage or priorities in that particular community, based on abused children, parents in need, troubled families, et cetera.

Mr. **Jeffords**. I would like to get into the area of pornography but I am sure someone down the line will do that, so I will pass.

Mr. **Brademas**. Mr. Biaggi.

Mr. **Biaggi**. Thank you, Mr. Chairman.

Thank you for your most unequivocal statement, doctor. It is characteristic of you. You might like to know that as a result of our discussions I have asked GAO to investigate the various grants. They have submitted a report to us which we will reveal at the next hearing when we have a representative of the administration here. We will go into the merits and their responses to these grants.

I think I heard you testify that New York City has not received any Federal moneys.

Dr. **Fontana**. New York City has not received any moneys through Federal law. This information was given to me by Carol Parry, who is assistant commissioner for special services for children before I left New York.

Mr. **Biaggi**. Yet New York State has received substantial sums.

Dr. **Fontana**. Under the law.

Mr. **Biaggi**. Yes; it is inconceivable to me that the city has not been a recipient. I just cannot understand that happening. Is there any reason for that?

Dr. **Fontana**. I don't think I know of any positive reason.

Mr. **Biaggi**. I don't even know of a negative reason. Most of the problem is concentrated in the city of New York, as far as New York State is concerned, Buffalo, and some other places, but the heavy concentration is in the city of New York. At least they ought to get a fair share, if not a lion's share, in terms of funds. You are telling this committee that they have not received any dollars.

Dr. **Fontana**. Not under this law, Congressman Biaggi. As you mentioned, the city is also the drug capital. We have over 1,000 babies being born every year with drug withdrawal symptoms which is a form of child abuse. The problem is increasing, by the way, simply because our drug addiction is going up as well. With drug addiction there is child abuse.

Mr. **Biaggi**. Mr. Chairman, I think that is a most significant disclosure, the fact that New York City has not received any money. It is one thing making the State grants and having funding to the State which I understand is the procedure, but not to have the city of New York receive a single dollar is just incredible, absolutely incredible.

Mr. **Brademas**. If the gentleman will yield, I want to say I share his view. We will look into it.

Mr. BIAGGI. There is something terribly remiss. There is no justification for it. I tell you that. I don't have any further questions, Mr. Chairman.

Mr. BRADEMAS. Mr. Heftel.

Mr. HEFTEL. Dr. Fontana, is it characteristic of HEW that programs are developed and grants are made as opposed to functional dollars directly going into the problem area? Have you had observation of HEW outside of just the child abuse concept?

Dr. FONTANA. The observations of HEW that I have had, with infectious diseases, for instance, are that proposals are sent on to HEW, a committee of experts, or at least those who are expertise in the area, go over the grant proposal, they make onsite visits to see whether these people have the ability or the materials to carry out the proposal and then a grant is awarded or not awarded. I don't believe this has been done under the Office of Child Development in this area. I don't know of any site visits. No site visit was made when we put in our grant proposal. We were just given a plain no. This is where the advisory group, such as all other subcommittees and groups in HEW, have to go over this thing from the standpoint of experts and then making a site visit to see if that particular group has the expertise.

I have had people come to me who have been awarded moneys under this law, to ask how they can go about implementing it. That to me is uncalled for.

Mr. HEFTEL. The reason I ask, and I am very much a freshman, but in the questions that I have directed to certain people in the HEW agency they have indicated that there is a great political game, namely, how you get HEW money, and that it is a professional system of obtaining funds as opposed to funds going to specific programs to solve specific problems.

If the problems are known, the funds could be targeted but constantly the money is going into grants where people have learned how to develop these grant applications and get these funds in a very theoretical sense. Is this a reasonably accurate reflection?

Dr. FONTANA. Yes, definitely. I know of some very fine programs having nothing to do with child abuse that have had to go to private foundations in order to do their work simply because of this kind of maneuvering on the basis of HEW.

Mr. HEFTEL. The reason I brought this up is, Mr. Chairman, and the chairman would be far better equipped to address this problem, I have satisfied myself, for reasons that are more coincidental than anything else at this moment, that HEW is constructed so that you can get a lot of money out of it if you know how but that may not have anything to do with the resolution of the problem that the money should be going to.

Mr. BRADEMAS. I might just ask you one other question, Dr. Fontana.

You have characterized the problem of child abuse as of epidemic proportions. I hope this is not an unfair question. Can you give us, given your background and leadership in this field, any ballpark judgment on how much money it would cost to bring this epidemic under control?

Dr. Fontana. Mr. Chairman, I think it would be impossible for me to tell you how much money would be needed. I could not tell you.

Mr. Brademas. One reason I find myself raising questions of this kind is that if on the one hand the problem can be accurately described as epidemic, we turn and see on the other hand that only 29 States have yet even qualified under the criteria in the act for grants under the act.

Dr. Fontana. This is why I think Dr. Kempe has recommended we look into those criteria.

Mr. Brademas. I am willing to do that as I am sure my colleagues are. I do find it hard to believe that the nature of the criteria is, however, the fundamental problem keeping States from qualifying, particularly given the assertion that this is a matter of epidemic proportions. If it is really so serious a problem, there ought to be a good deal more leadership at the State and local level than we seem to be getting.

Now, you responded to that earlier. You thought there was a problem of public awareness.

Dr. Fontana. I believe that is one of the serious problems in our society today. Only last week, giving a talk, I was told by some civil libertarians that this is just one way of getting into the family, that there is no such epidemic of child abuse, this is getting into the family and telling people how to take care of the children. We should leave them alone and do nothing. There are such people in our society, not only in the Government.

Mr. Brademas. Having sponsored the Child and Family Services Bill, I am well aware of the point you have just made.

Dr. Fontana, your testimony has been most helpful.

Mr. Miller?

Mr. Miller. I have one question, if I might.

In your testimony you have been rather critical of research grants that have been let. Given the limited amount of money in the program, if we are going to amend the bill, is it your suggestion that we might want to funding programs for replication at this point rather than demonstrations? Are there enough models around the country that are successful and ongoing?

Dr. Fontana. Yes; I think the word "demonstration" is not to be used and should not be used. I think we should go searching for models throughout this country that have been found effective, whether in Denver, in New York, Oshkosh, and try to replicate and give them to other communities.

There is no one program or one modality of treatment that will fit all these abusive parents. Some ghetto people, middle class, upper class, will need programs tailored to the recipients. If moneys are given we should start studying those models that have been found to be effective and try to replicate them. Our New York Foundling Hospital cost is a half million dollars a year. It comes out to $5,000 per family per year, which is an insignificant amount of money when you come to think about welfare costs, child welfare cost, and institutional cost of the child. So we can save money and still save children.

Mr. Miller. The other part of the existing language is one that troubles me a great deal in Government programs. That is for innovative programs. It would be my feeling, and I suspect maybe yours, that the license for funding is perhaps even a little more esoteric than the demonstration or pilot project.

Dr. Fontana. I think so.

Mr. Miller. There is a point at which to be innovative is duplicative, if you will, because you have enough models.

You mentioned foster care. We will have a new conference on Tuesday where we will show that, despite all the demonstration programs and grants, we have done little with all the Federal money we have spent to help children. There are enough models around this country, be they in Michigan, or Nashville, Tenn., or where-have-you, that work to save money, to save families, to save children. We are spending hundreds of millions of dollars still looking for the answer when the answer is in front of us.

Dr. Fontana. I think we would be more progressive if we forgot about the terms "demonstration" and "innovative" and see what is being done and what is not being done and what should be done.

Mr. Ferro, himself, admitted the fact that with these moneys they have gone in the wrong direction, they have not done enough in actual treatment and prevention of abuse of these children. I think we should make it that this law will treat children and parents, rather than doing research or giving to public relations firms. I don't think we need more case reports. We don't know what to do with the ones already being reported. We are being flooded with case reports but we don't investigate them. The children necessarily are being sacrificed.

Mr. Miller. The GAO report that we will release will be very critical of the lack of preventive services and that, basically, the Government is running around picking up the pieces, if you will, after a crisis strikes in a family. Meanwhile, government is sort of subsidizing that breakup by the lack of preventive services.

Do you find that true in child abuse?

Dr. Fontana. There is no question about it. The tragedy in New York State is that Governor Carey in his message is going to be cutting out more than a half million dollars preventive services which can certainly prevent child abuse and neglect in that State.

It is a matter of recognizing the problem and what to do about preventing it. I think it is lack of knowledge. I don't think Governor Carey is aware of what damage is going to be done when those preventive programs are abolished in the State of New York.

Mr. Miller. How many abused and battered children end up institutionalized?

Dr. Fontana. At New York Foundling Hospital, at any one time, we have 135 children there that are waiting for foster care placement that are either abused, neglected, or rejected.

Mr. Miller. At what cost?

Dr. Fontana. At a huge cost, much more than if we had preventive programs. The $5,000 a family in our treatment and prevention program is nothing compared to $30,000 if you are going to take care of that child on welfare, welfare and institutional. With treatment programs, we not only assure the stability of that home but we give the mother and father a chance to reestablish themselves in society, forgetting about saving the child's life.

Mr. MILLER. Thank you, and thank you for your rather candid testimony, doctor.

Mr. BIAGGI. Thank you, Dr. Fontana, for your testimony.

The next series of witnesses on panel No. 1 are Jacqueline Goldrick, Child Abuse and Neglect Coordinating Organization of St. Joseph County, Ind.; Abdon Ibarra, child abuse and neglect project, Texas Migrant Council; Jeanne Dycus, Tennessee State Department of Human Services; and Lee Maggio, Child Abuse Prevention Effort, Philadelphia, Pa.

Mr. BRADEMAS. Needless to say the chair is especially pleased to welcome Jacqueline Goldrick, one of his own constituents who has been an active leader in this very important field in my own home county. We are pleased to have you. If you would like to begin.

PANEL NO. 1 PRESENTATION—JACQUELINE GOLDRICK, CHILD ABUSE AND NEGLECT COORDINATING ORGANIZATION OF ST. JOSEPH COUNTY IND.; ABDON IBARRA, CHILD ABUSE AND NEGLECT PROJECT, TEXAS MIGRANT COUNCIL; JEANNE DYCUS, TENNESSEE STATE DEPARTMENT OF HUMAN SERVICES; AND LEE MAGGIO, PRESIDENT, CHILD ABUSE PREVENTION EFFORT, PHILADELPHIA, PA.

STATEMENT OF JACQUELINE GOLDRICK, COORDINATOR OF THE CHILD ABUSE AND NEGLECT COORDINATING ORGANIZATION OF ST. JOSEPH COUNTY, INDIANA

Ms. GOLDRICK. Mr. Chairman and members of the committee. My name is Jacqueline A. Goldrick, and I am the coordinator of the Child Abuse and Neglect Coordinating Organization of St. Joseph County, Ind.

I thank you for the opportunity to appear here this morning, and I am particularly honored and pleased to testify before the subcommittee chaired by the distinguished Congressman from my district, John Brademas.

For your information, St. Joseph County is an organized community of approximately 245,000 persons located in north central Indiana. The city of South Bend, with a population of about 125,000, is the major city within a 60 mile, seven county region and serves as the primary manufacturing and commercial center.

CANCO originated when interested community persons began meeting together for the purpose of planning a comprehensive child protection program in October of 1973. CANCO was then organized as a nonprofit organization operating under the auspices of Community Coordinated Child Care, a United Way agency. Until September 1975 CANCO operated solely on volunteer time. In September, a 2-year grant was received from a local service organization—Junior League—which has enabled CANCO to hire a part-time coordinator, myself, and full-time secretary, and to purchase some training and educational materials. We did, however, apply for Federal funding on two separate occasions previous to this, but the competition was great and the grants too few.

The incident which sparked community interest in child protection, unfortunately was the death of a young boy with whom a number of community agencies and organizations were involved. This brought to light the fact that protection of children is a community responsibility. If we ignore child abuse someone else will handle it. This community recognized that we all have to handle it, and as a result began constructively to build the best protective program possible. We found that in some cases two or more agencies were providing the same service for a family, and in others there was no agency prepared to provide a necessary service. CANCO has been able to channel some of those resources into areas where we had identified gaps in service, and to recruit volunteers to augment all of the services. We currently have approximately 50 professional and 50 community volunteers.

Thus, CANCO is a community organization with the goals of identifying the needs of the community if providing child protection, planning a comprehensive program that will meet those needs, cordinating existing services and agencies to better utilize resources already available and implementing new—and I won't say innovative programs—new programs.

We have now attempted to realize our goals by implementing the following program components:

I think it is important that some of you know the program components, the ways we are utilizing to help parents stop abusing their children.

One is in the State of Indiana a child abuse is reported to the county department of public welfare, which in the State of Indiana is legally authorized to receive reports, is reviewed by the diagnostic and consulting team, a multi-disciplinary team for the purpose of diagnosis and recommendation of a treatment program for the individual family. The team is chaired by a local pediatrician, Dr. Edward A. Gergesha. The county department of public welfare has agreed to follow all team recommendations. As of January 31, 1977, 160 cases of child abuse have been considered by the team.

The recidivism for reabusing the child has been very, very low due to the treatment program.

2. The education and training committee provides education services to parents to develop positive alternatives to assaultive behavior, provides the community at large with education in identification, prevention, and treatment of child abuse and neglect, and provides training programs for physicians, police, et cetera, to effectively deal with child abuse and neglect. Speaker's bureau and educational brochures, are included in this aspect of the program. As well as establishment of hospital protocol for suspected abuse and neglect cases, protocol for schools to report abuse and neglect, and protocol for police handling cases.

3. The legal committee studies existing legislation and recommends changes through legislative channels. We have worked for 2 years to pass effective child abuse and neglect legislation in Indi-

ana which would also qualify Indiana for Federal funding under the provisions of the National Center for Child Abuse. If the proposed legislation now before the Indiana State House of Representatives passes, it will still not qualify us for funding, although the bill would provide more protection for abused and neglected children than is provided by present Indiana law. We strongly feel that legislation should not be a prerequisite for a State's eligibility to receive Federal funding. We will continue to work very hard, however, to implement good legislation.

Mr. BRADEMAS. May I interrupt at that point, Ms. Goldrick, and ask you why, if such legislation is pending in the Indiana general assembly, does it not contain language that would qualify the State for funding under the Child Abuse Prevention Act?

Ms. GOLDRICK. There are two reasons it will not qualify. One is the State tracking system or central registry and the other is that there is no inclusion of emotional abuse or emotional neglect. Those are the two main reasons it would not qualify.

Mr. BRADEMAS. Is it not possible to get a State legislator to try to amend the bill now before the general assembly so as to qualify?

Ms. GOLDRICK. Yes; they definitely have. Last year the bill would have qualified but it did not pass. This year they felt it would be better to have one passed than still be defeated. Many people in Indiana were concerned about anything to do with the definition of emotional abuse and emotional neglect. I actually doubt that this bill will pass this year anyway.

Mr. BRADEMAS. Thank you.

Ms. GOLDRICK. I am sorry to give you that news.

4. The research and evaluation committee conducts ongoing demographic studies of the population being served, special characteristics of the families which are brought to the attention of authorities, and effectiveness of treatment programs recommended by the diagnostic and consulting team. We are also evaluating our own treatment program. I am attaching to my statement a paper prepared by the members of the CANCO board which was presented at the International Conference on Child Abuse-Neglect in Geneva, Switzerland in the fall of 1976.

5. The placement center has been developed as a facility where parents under stress may have a child admitted for short-term care to the center without redtape and with a minimum of delay and questions. The center also provides emotional support and counseling to parents. The center opened April 1976, and has served 160 children as of January 31, 1977.

6. Parents anonymous is a self-help group for abusive parents. P.A. has been available in our community for over 2 years; the volunteer sponsor is a board member of CANCO.

7. The welcome baby program attempts to reach the new parent at a very crucial time . . . before she leaves the hospital. A packet of materials is given to each new mother in local hospitals; information is educational in nature—what to expect when you get home—as well as providing a list of all supportive and social services available to parents in the county. Further, the name and phone number of a volunteer is given with this material, if requested, for

parents to contact with any questions, concerns, et cetera. Volunteers provide the link to services necessary.

8. Parents surrogates are a group of volunteers trained to work on a one-to-one basis—training is 2 to 3 months—with abusive parents. The parent surrogate tries to give these people their first experience in mothering, unfortunately and often missing from their own backgrounds or early home-life experiences.

9. The counseling component provides parent counseling to remedy child abuse and neglect and will hopefully be available due to a contract presently being negotiated with the Indiana State Department of Public Welfare under title XX. We would then be able to offer this service to individuals, families and groups.

The CANCO program is comprehensive in scope . . . encompassing plans for identification, education, prevention, treatment, research, et cetera. The many different programs we have initiated reflect our philosophy that there is no single cause to child abuse or neglect, nor can there be a single treatment program, attempting to provide a wide range of treatment programs and through the diagnostic and consulting team—and with the involvement of the family isself in choosing a program whenever possible—and to determine which programs or combination of programs best meets the needs of an individual family.

It is because of our experience over a 3-year period that we can testify that our Nation is in great need of a National Center on Child Abuse and Neglect. Any money directed to the prevention and treatment of child abuse and neglect is money well spent. Our community has benefitted personally by publications, national advertising campaigns, and a regional demonstration projects can be of further benefit to communities throughout the Nation. Speaking for the members of CANCO, we urge this committee to support the continuation of the National Center on Child Abuse and Neglect and the Federal Child Abuse legislation.

I would like to submit for the record the sociological and psychological factors in the background of male and female perpetrators of child abuse which was presented in Geneva, Switzerland.

Thank you.

[The sociological and psychological factors in the background of male and female perpetrators of child abuse follows:]

SOCIOLOGICAL AND PSYCHOLOGICAL FACTORS IN THE BACKGROUNDS OF MALE AND FEMALE PERPETRATORS OF CHILD ABUSE*

By Phyllis Ann Jameson and Cynthia Jeanne Schellenbach

ABSTRACT

A multifactor analysis of case histories of 82 perpetrators of child abuse led to profiles quite consistent with other literature in the mental health field. Of general interest was the finding that most incidents of abuse occurred in December and January (45%). Analysis of the particular facets of the histories of the perpetrators which distinguished them from comperable non-perpetrators was performed. Distinct patterns emerged for the male (n=46) as opposed to the female (n=36) perpetrators. Specifically the findings were:

a. That while female perpetrators tended to be young, most male perpetrators were between the ages of 31 and 40 (59%);

b. That the traditional pattern of undereducation held for the female, but not for the males (64% had completed high school);

c. That while the histories of perpetrators of both sexes showed patterns of minimal or ineffective control over their environment, the locus of specific factors varied as a function of sex with factors for females being primarily social and psychological in nature; factors for males being primarily achievement and employment related;

d. That while history of abuse as a child was a significant differentiating factor for females, it was not for males.

e. That while male perpetrators abused male and female children with equal frequency, female perpetrators abused male children significantly more often. The implications and generality of these patterns are discussed and related to findings in other areas.

The Child Abuse and Neglect Coordinating Organization of St. Joseph County, Indiana has developed an individualized treatment program utilizing a wide range of community services (Mental Health Center, Caseworker Services, Homemaker Services, Foster Care, Alcohol and Drug Programs, Family and Crildren Center) together with their own Parent's Anonymous group, Parent Surrogate program, Emergency Placement Center, and Welcome Baby program. The result is that 73% of the abused children have remained with their parents with no further abuse incidents.

INTRODUCTION

Szasz[1] states "Mental symptoms are communications the person offers which characterize his beliefs about himself and his world." What are the communications that the child abuser is offering to others? In what kind of environment do we find this individual? What are the inner tensions, needs and drives that operate within the person? Finally, what methods of intervention, when applied at which points, can most efficiently produce change in a system that has become pathological as evidenced by the appearance of unacceptable behavior? These are the questions that most of us are asking. To the questoins raised at this conference we propose to add the question: are there factors which distinguish male and female child abusers? If these differences do exist, can they assist us in identifying the specific locus of the problem, aid us in the identification of high risk families, make intervention programs more efficient?

The literature offers us a fairly detailed and consistent profile of the child abusing adult. A simplified and global framework that serves convenient organizing purposes is that which views child abuse as the product of the interaction of a stressful familial socio-economic environment with a personality deficient in successful mechanisms for coping with that stressful environment. Development, personal, familial/relational and socio-economic variables are implicit in this structure. Self-esteem is a prism defracting the strengths and weaknesses of the ego into all areas of functioning. It relates one's developmental past to one's functioning present.

There are few studies which attempt a separate but comparative examination of male and female histories to determine the points of difference and similarity in their present situations and in their developmental histories. Psychological literature documents the fact that males and females experience different socialization pressures, show different responses to environmental events, and ultimately develop different sources of self-esteem and different coping mechanisms. Two examples of these differences and their global implications will be presented.

Self-esteem, the critical reflection of one's relationship with the environment is commonly derived from either the social-relational spheres and/or the achievement spheres. It is differentially predicated on these components depending upon the sex of the individual. Of course it is preferable for both males and females to be successful socially as well as vocationally. It seems, however, that achievement in careers is optional for a female, or was, while social success is essential in maintaining the respect of others and thus often of the self. The reverse is true for males. This would seem to have two implications. First, it would lead to the prediction that environmental conditions adversely affecting achievement, employment, and job status would prove more stressful to males. McKinley[2] found in a group of fathers that job satisfaction and harshness of punishment were inversely related. Hence it is plausible to suspect that an effective contributor to the abuse incident is related to the male's employment more strongly than to the female's employment.

Secondly, since female self-esteem is more heavily predicated on social success, it would seem that a history of abuse as a child with its concomitant emotional effects and profound mistrust would be more damaging to female's self-esteem than to the male's. It seems reasonable to assume that this early experience of impairment of critical relationships, in the absense of significant intervention, would continue through life for both males and females. However, academic and vocational success may provide a possible alternative basis for building a strong sense of self-esteem and therefore self-control for the male. This may not be a meaningful alternative for the female, particularly in view of the social, economic and educational context of the abusing parents.

The response to agression may be another source of sex differences among the abusing population. In several authoritative summaries on aggression males are found to have fewer anxieties about physical displays of aggression than females. There are also differences related to the object of aggression. Males delivered the strongest shocks to "helpless" victims while giving weaker shocks to normal victims. In contrast, the women delivered the strongest shock to the normal victims. Similarly, Aronson and Cape[3] found that men disliked victims, but women were emotionally attracted to victims. Maccoby and Jacklin[4] in a summary of this literature state that "if either sex could be said to displace aggression toward safe targets, it was the men not the women who were doing so." Thus it is possible that child abuse is more likely to be displaced aggression for male perpetrators than it is for female perpetrators. A further possibility is that the female, given her greater anxiety, will feel more guilt following the incident and thus greater loss of self-esteem than will the male subsequent to the incident.

The following study then is done in response to the suggestion that the same symptom, namely child abuse, may be the result of two entirely different problems and may even be two different events. In this study, the demographic, personal, socio-economic and relational histories of male and female child abusers are examined to identify the possible sources of sex based differences.

METHODS

Subjects: The subjects of the study were drawn from 73 cases of established child abuse in St. Joseph County. This included the children, and their parents or parent substitutes, 8 male abusers who were external to the nuclear family. Within this group there are a total of 46 males and 36 female perpetrators.

Data Sources: The data was collected from staffing reports from an interdisciplinary (medical, sociological, legal, psychological) diagnostic and consulting team, in depth sociological interviews with caseworkers and with the director of CANCO, The Child Abuse and Neglect Coordinating Organization. The data consists of inventories of (a) the demographic factors, (b) socioeconomic factors, (c) of personal and psychological and health characteristics of the members of the family, (d) and inter- and intra-familial relations, current and historical. For reasons of time only results specifically pertinant to the question will be presented.

Design: The subjects were classified as to their sex and role in the incident. There were thus four groups of adults: male and female perpetrators, or actual agents of the incident, and males and females who were not primarily involved in the incident. The histories were then used to determine which demographic, socio-economic, personal/psychological, and relational factors significantly distinguished the male from the female abusers, and these from the non-abusers of each sex. Thus profiles of the male and female abusers were developed using chi-square (x^2) tests to detect distributional differences.

RESULTS

Demographic Factors: The demographic variables tested were age of individual, age at birth of child, size of family, density of spacing of children, marital status, ethnicity and education. Tests were done on the individual distributions, and on two and three way combinations of the data according to hypothesized interactive forces. There was nothing in this data that separated the female abusers from the non-abusers. Similarly, where comparisons could be made with census data from St. Joseph County (education, marital status and ethnicity) there was nothing that significantly distinguished the abusing population from the population as a whole.

In the male group, age and education were found to be important distinguishing factors: 59% of the male perpetrators were between 31 and 40 years of age. 64% of the male perpetrators completed high school, as opposed to 30% of female abusers, and 35% of the male non-perpetrators.

Socio-Economic Factors: These factors included occupation, income, income supplement or public assistance, condemned/overcrowded housing. For females the factors distinguishing perpetrators from non-perpetrators are income and inadequate housing. The majority of the women, perpetrator and nonperpetrator, were unemployed, received no income supplement and had not moved recently. 65% of the female perpetrators came from families in which the income is between $5000 and $9000. 21% of the non-perpetrators and 22% in the general population of St. Joseph Co. had incomes in this range. 31% of the female perpetrators were reported to be living in overcrowded and/or condemned housing, as opposed to 4% of the non-perpetrators.

The picture for males was quite different here. The father or father substitute, despite his higher educational attainment, was significantly more likely to be unemployed than was his non-abusing counterpart (23% vs. 4% unemployment rate). 73% were likely not to be receiving any form of public assistance compared to 62% of the non-perpetrators which fell in that category. Personal/Psychological Factors: These include the two factors here that significantly distinguished the female perpetrators from all other groups: emotional disturbance and history of abuse as a child. 44% of these women were reported to be emotionally disturbed; i.e. displaying nervousness and depression. Nine percent of the female non-perpetrators, 10% of the male perpetrators and 3% of the male non-perpetrators, fell into this category. History of abuse as a child was a factor in the backgrounds of 66% of the female perpetrators, 30% of the non-perpetrators. While it was a present factor for the males, it did not significantly differentiate perpetrators from non-perpetrators (46% and 53% respectively).

Relational Factors: These included marital discord, physical abuse of spouse, social isolation, loss of self-control, unrealistic expectations of the child, routine authoritarian approach to discipline. On these factors, 52% of the abusing females were described as socially isolated as opposed to 12% of the non-perpetrators, 29% of the male perpetrators, 22% of the male non-perpetrators.

While 77% of the females were married, marital discord was reported by 64% of the female perpetrators as opposed to 29% of the male perpetrators, 48% of the female non-perpetrators. Finally, 83% of the female perpetrators reported that they did not use physical means of discipline, as opposed to 53% of the non-perpetrators and 55% of the male perpetrators.

31% of male perpetrators physically abused their spouses. 52% reported that they lost control. 71% report a lack of tolerance of the child's misbehavior. They report in 45% of the cases that they normally use strong physical punishment to control their children.

The object of the abuse also varied as a function of sex perpetrator. While males abused both female and male children with equal frequency, females abused males twice as often. Most of these children are under the age of 2. Finally, 45% of the child abuse incidents occurred in the months of December and January.

DISCUSSION

Before beginning a discussion of the results it is important to make explicit some of the characteristic features of our sample. First, most of the perpetrators in St. Joseph County are males, in contrast to other studies (e.g. Gil.[5] where most of the perpetrators were females. Secondly, few of the reports for this study were issued from hospitals; most of the incidents resulted in moderate injury such as cuts, welts and bruises. Most reports came from parents, relatives or neighbors. Thus whether St. Joseph County has an unusually high number of male perpetrators or whether the difference in reporting population produced the difference is unclear.

Turning to the data, it is interesting to note the differences evidenced in the histories of the male and female perpetrators. The male presents an almost classic profile of the man in a mid-life crisis. This in turn may reflect a societal problem of a nation that produces alienation. His profile deviates sharply at some points from literature profiles of child abusers in that he is likely to have completed a high school education, yet he is often unemployed. He is into his thirties. His low level of tolerance which is expressed in a volatile temperament, often abusing his wife as well as his children. Though data was not available on each subject, caseworkers reported that many of the males had undergone frequent job changes. These perpetrators seem to be characterized by their inability to achieve control over their environment.

It may be that they are people who, for some historical reason, are lacking in ego controls, and therefore demand environmental structure. As most of them did not complete high school, one may hypothesize that going from a world of clear prohibitions and immediate feedback to the working world constitutes a passage from a relatively high dependence on external structure and control, to one of relatively high dependence upon internal structure and control. If these inner controls are inadequately developed, he may present an overly controlled, rigid, authoritarian personality subject to volatile displays when the self-imposed rigidity fails to hold. This could lead to the observed job changes. Having completed high school, he may hold higher aspirations for his life than his current station affords him, thus invoking a high level of frustration. It could also lead to a lowering of self-esteem and that to lessened self-control until at midlife, age and the realization of his failure to achieve in life adds stress, and child abuse and abuse of spouse results. It looks like an interactive pattern, or one which has no definable intiial cause. Rather it is one which results from a personality and an environment which interact and interreact to perpetuate and intensify the weaknesses inherent in both and in the relation of one to the other. It would be interesting to implement a rehabilitation program whose objective includes in addition to familial rehabilitation, specific training in self-management techniques to introduce self-continuity and structure, and a vocational program that might include, where possible, arranging for more clearly defined expectations and frequent, informative feedback. It seems critical to assist him to gain some sense of environmental mastery, some sense of personal potency to break the interactive pathology.

The female child abuser, while presenting a parallel picture of poor environmental mastery, displays symptoms primarily in personal and relational areas. She is presently without the social support of outside contacts. She is isolated with the demands of the children who cannot fulfill her needs. She seldom has an outlet in her relationship with her husband as evidenced by reports of marital discord. Even a sense of satisfaction with the management of her home is precluded by the structural inadequacy of her house and her financial inability to do anything to change it. The female must cope with her history of abuse as a child, with all of its concommitant emotional effects. Most important of these is her impaired ability to relate to others. Her personal history, given her isolation, provides her only model of parenting. Her response is often inactivity or a failure to act, becoming pathologically passive and depressed with occasional bursts of anger, powerless in all spheres. This pattern seems consistant with our observation that 47% of the female perpetrators were observed to be nervous and depressive.

The additional issue of her abuse of primarily young male children could be evidence of her displaced rage at her spouse or it could be precipitated by the infant's poor response to her mothering. Given the background literature on displacement of aggression, the former seems unlikely. Male infants are reported to be not as responsive to maternal soothing as female infants. They are more likely to be colicy, irritable, resistive and active.[6] The mother may also feel inadequate in her ability to care for her infant. The male infant may not be sufficiently reinforcing of her mothering. Her children are the one aspect of her life which she has the possibility of controlling. To the extent that she cannot control them or to the extent that they fail to provide her with evidence of her worth and potency as a mother, her already questionable self-concept as a mother is further deteriorated. In order to prove her capabilities, it appears that her need to control is intensified and she resorts to physical means of punishment. At this point the female's response that she does *not* normally use strong physical punishment is relevant. The incident may indicate that she is escalating her means of control.

In any event, it appears that the woman is specific in her abuse of a single child. The precipitating events are relational; the child chosen fails to provide her with much needed sense of worth. The man's abuse, however, seems more non-specific and displaced. The home appears to be a safe place to express the anger and aggression resulting from his frustrations in the outside world. When he is specific in his abuse, he seems to target children that reflect his perceived personal inadequacy, children who have a weakness or defect.

In any event, the female's abuse appears to be specific and relational, while the male's is non-specific and displaced. Where he is specific, weaknesses that are real and perceived appear to trigger his choice of victims.

Appropriate therapeutic options which appear to be at least superficially successful (in terms of low recidivism rates) in St. Joseph County have as their objective the improvement of social relationships and breaking down the walls of mistrust, isolation. Examples are the external support group of Parents Anonymous, the use of parent surrogates, and the availability of child care services. The Parents Anonymous serves as a needed external ego. The parents join forces to aid each other in controlling the anger impulse. They further serve eo break down the isolation, and to give the individual members a feeling of self-worth in the relationship. The parent surrogate on the other hand, performs a dual role. She provides the female with a warm, supporting maternal relationship while simultaneously modeling parenting and management skills in an immediate feedback situation. Finally, the availability of child care services gives the mother a needed respite from the pressures of child care. It would seem that vocational training and assisting these women in finding employment may additionally increase their sense of self-control and self-worth. Thus, in a sense, the therapeutic objectives for women similarly involve increased environmental mastery, which in turn will hopefully enhance self-esteem, which in turn will supply the strength for modeled successful ego controls to operate. Both males and females seem to need to develop a sense of order in their lives, a sense of personal effectiveness, and confidence in their ability to maintain it.

The final data, the concentration of abuse in the months of December and January is not surprising. These are traditionally bad months for depression and suicide. Our population seems rather to direct its anger and destructiveness elsewhere. The holiday season with its emphasis on consumption and love must be a stark reminder to those people of what they have not and what they are not. Further, their children are often the agents who directly raise the issue.

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* This paper is a draft of one that is being published in the first volume of the *International Journal on Child Abuse and Neglect*.

Mr. BRADEMAS. Thank you very much, Ms. Goldrick. I appreciate your coming all this way to appear before us even as we appreciate the presence of the other members of the panel.

Could we next call on Mr. Abdon Ibarra of Texas.

Again, there are nine witnesses to be heard from. So if you will try to summarize your statement it will give us a chance to put some questions to you.

STATEMENT OF ABDON IBARRA, DIRECTOR OF THE CHILD ABUSE AND NEGLECT PROJECT, TEXAS MIGRANT COUNCIL

Mr. Ibarra. My name is Abdon Ibarra. I am currently director of the Child Abuse and Neglect Project, Texas Migrant Council.

I want to make a small statement to highlight one of our concerns with laws that are effective in dealing with families.

Texas Migrant Council wholeheartedly supports the current legislation under Public Law 93-237. This law provides an opportunity not only to States to upgrade and refine their own child ebuse and neglect laws but to advocate agencies such as Texas Migrant Council to investigate the phenomena of child abuse neglect and to offer alternatives in treatment, identification but most important in direct service delivery.

This legislation provides resources to innovate programs of service dealing that are related to culture and lifestyle to the constituency of those programs. Therefore affording those agencies an opportunity to implement an alternative to the States in dealing with a population that may be difficult to access such as the migrant farmworker.

As a result of those innovative activities of those programs, the value of lifestyle and culturally related service delivery models has been accented. Since child abuse and neglect deals with the basic foundation of any culture, the family's lifestyles, customs, traditions, values, and beliefs all have to be taken into consideration.

It is hoped that the information uncovered by the various activities undertaken by programs and States is used constructively and in perspective of their target population. It would seem at a glance that the largest number of abusive and neglectful parents exist within the poor community. It has been observed by our activities that poor people are the most visible to programs that deliver services of child abuse and neglect. Although there do exist cases of child abuse and neglect among the poor, it is essential that findings uncovered by the various activities supported by the legislation be used to identify the true cause of child abuse and neglect among the poor. It is a situation of utter hopelessness at times, unemployment, discrimination and many other illness suffered by the poor.

It is hoped that in researching the basic unit of composition of our society, society as a whole will elevate its consciousness to realize that it is not the psychological dysfunctions that truly affect a person's behavior in relation to his family, but the adverse situation that impedes them from truly calling themselves a family.

In summary, Texas Migrant Council supports this legislation as long as it continues to emphasize reform in dealing with families and continues to advocate that the family should be helped as a unit; a unit that for the past 200 years has been the luxury of every individual, poor, rich, white, black, or brown.

In the restoration of the family lies the eternalization of a truly great society, but we must deal with those situations that effect dysfunctional behavior in families with meaningful and affirmative actions. We must take care that in destroying those obstacles that create those negative situations for families, that we do not destroy the families.

Mr. BRADEMAS. Thank you, Mr. Ibarra.

Ms. Jeanne Dycus.

STATEMENT OF JEANNE DYCUS, TENNESSEE STATE DEPARTMENT OF HUMAN SERVICES

Ms. DYCUS. I come in two functions. I am a State administrator of the protective service program for a State agency. I am also the project director for a demonstration project in two rural counties in Tennessee where we have the responsibility for the military population of Fort Campbell.

Briefly, what we are doing is twofold. We are trying to establish for the military population who reside in Kentucky and Tennessee and on the reservation at Fort Campbell a unified protective service system. At the same time, we are trying to demonstrate that the comprehensive emergent service model for protective service delivery can be applied to a rural area.

Essentially those are the two things that our project is doing through the Federal moneys. We are using the CES model, the multidisciplinary team review model, and also using some of the models developed for treatment particularly in terms of some group treatment method based on some of the same ideas that come out of the parents anonymous treatment ideas.

We have done a good deal of community awareness in public education. This project is helpful to the military in that military facilities do not have funds for child welfare services. They don't have foster care facilities. They have regulations to protect children on post but they do not have the services to provide for the care of children. So they are dependent on our State agencies to do that. We are pretty much able to do that and to coordinate with them and use some of their services to provide care to our families, particularly medical services.

I believe that there are really two things that are unique to our project and that is that on cases that are common to both States we are able to try to bend or to utilize State laws for protection of children in interstate situations so that we can help a family.

A lot of times parents are living in Tennessee and the child is in Kentucky. It is centered around the Army installation. We are trying to look at ways we can alter the interstate compact laws.

The other thing we are doing is that we are looking at the central registry concept and developing one central registry for the Fort Campbell area using input from both States.

Primarily those are the things we are doing.

Mr. BRADEMAS. Thank you very much.

Mrs. Lee Maggio.

STATEMENT OF LEE MAGGIO, PRESIDENT, CHILD ABUSE PREVENTION EFFORT, PHILADELPHIA, PA.

Mrs. MAGGIO. Thank you very much. I feel as though we are the Davids on this side. Here we are armed with this slingshot attempting to slay this horrible monster, but I feel we have been effective.

I heard quite a few statements this morning and I feel that I should add to what I have heard, if you don't mind.

We have anonymous parents groups. I co-led a group for a year until I became pregnant. So I had to leave the group to do this other job. Being administrator, sometimes you lose sight of what is really happening. You get so involved in the power play of the different committees and the different people and you could almost forget what you are really doing.

My attempt to keep in touch is that I do man the hotline. We do have a 24-hour hotline. I staff the hotline overnight because that is the only free time I have. Everyone in our organization is tremendous. We have about 200 dedicated people, professionals, lay, parents who have been helped.

Two parents who were in the group that I ran are now volunteers. In fact, one heads the speakers committee. These parents are a most tremendous resource. They enable us to see from their perspective what is happening. We now have a research project going on through the courtesy of Temple University. We worked very closely. We try to utilize every service we can get in the community free. We have Dr. Kennedy who is testing the various modalities that we are using. We do not use parents anonymous. There are no parents anonymous groups in our area. Several attempts have been made to try it and we extended our hotline to them. It has not been effective. We believe that the reason Jolly Kay has been effective is because Jolly Kay, herself, was in treatment for 3 years with her associate psychiatric social worker, then leading the group with him.

What we have are professional citizens working with parents. We also have the modality where the abusive parent who has been helped is now running a group. We will be testing the thing. We will see how effective this is. We know this parent is effective in runing workships. We know she is effective in reaching parents to come forth.

The other area was in advertising. Interestingly enough Joseph Davis did come to us and he took all our material, and Dave Shultz who did APSA for us, Michael Douglas did one for us, Gary Madox and the Junior League made one for us. He took all this printed material. We were very happy to share it with him with the hope that it would be effective when it was dispensed throughout the country.

We have received over 6,000 phone calls in the last year, 1,360 of these calls have come from parents requesting help. We do train and we do believe very strongly in education. This is another project that is being tested.

The high school project is being tested to see how much the kids learn, how effective they are after they have learned it and if they can become action motivated. This is what we are attempting to do. We are not just wasting our time—I can't say money because we are not getting funded. It is a real question of finding out how valid these programs are.

I am teaching a program at Temple University 2 days a week, a four credit course. We are being paid. I don't get the money; it goes into the organization. We are also evaluating that to see how effective these people, who will be working with families, will be. These are people who will be working with children and parents. We are hoping they will be able to recognize the problem.

While reporting is very important we feel it is far more important to work with the family in a nonthreatening condition.

There are two issues I brought up here, two issues that we are concerned about. One is that there should be a clearer definition of the guardian ad litem. In Pennsylvania we have in our law the statement saying that there should be a guardian ad litem. It could be an attorney; it does not have to be. We would like to see this clearly defined so that the children across the Nation will have the guidelines written out, for this particular person.

Also we feel that an attorney should be appointed as soon as the case is reported on a child.

The other area we are concerned about is parents who call for help. In the laws the feasibility of working with parents in self-help groups or agencies that are working with parents we would like to see more clearly defined.

We have a case now that we have to go to court because a parent practically killed her daughter. Now, this is an old case. This has been reported before. If this woman had not come to us what resource would she have had? If she knows or feels that we are going to report her would she have called us?

Are we truly concerned about the children. Are we truly going to be working in areas where the children receive help from these parents who have received help? We feel working with the parents, helping the parents to be better parents, increasing their self esteem, giving them skills and tools to enable them to do a better job, will set the example, will be the model for their children. One parent can educate a total family. The destruction of one parent destroys the total family.

You asked the question before about crime and the abused child. We have seen this. Yes, there are studies done in the area. My major was history and psychology, so I have been involved in this. I have been examining it. We have been working in this area for 5 years.

Women Organized Against Rape have come up with statistics that say generally the rapist has been abused as a child, usually by the mother. If you can take it out on society by raping, by clobbering people on the head, defacing everything you come in contact with, then you internalize it by taking drugs, by becoming an alcoholic, or committing suicide. The suicide rate has gone up in adolescents. We have a tremendous number of calls from young people requesting help, not knowing where to go.

Dr. Peter Wilson—I am sure you are familiar with him—director of the scan team, is our vice president. Dr. Eleanor Reisard is our evaluator. We have a very good board but it is a working board, not a honorary board. No one sits on our board unless they are going to work.

I would hope that you would consider these two issues, the issue of the child protection and the protection of the parent so that we can be more effective in working in this area.

Thank you.

[Prepared statement of Lee Maggio follows:]

Prepared Statement of Lee Maggio, Child Abuse Prevention Effort, Philadelphia, Pa.

Representative Brademas, and distinguished members of the Subcommittee on Select Education, as President of CAPE, Child Abuse Prevention Effort, a non-profit citizen-based volunteer agency, that services families in crisis in Philadelphia, Delaware, Montgomery, Chester and Bucks Counties in Pennsylvania, I am priviledged to have the opportunity to contribute to these hearings on the Child Abuse Prevention And Treatment Act.

I feel it would be appropriate for me to briefly acquaint the members of the committee with CAPE. On January 18, 1973, Judge Lisa A. Richette of the Common Pleas Court of Philadelpha, called a meeting open to anyone interested in the problem of the Abused Child or the Battered Child. More than 200 people attended. On February 9, 1973 a meeting of about 50 to 60 people comprising a steering committee was held. This group established the guidelines, elected officers, and formed committees for the organization now known as CAPE. At the present time, CAPE's activities are carried on by the following committees:

Anonymous Parents: has groups where small numbers of parents meet on a regular basis with a trained psychologist and trained volunteers to work out their problems. Trained volunteers work with the children while the parents attend group sessions. Also, a self-help modality is used, the leader is a parent who has been helped by CAPE's Anonymous Parents group—with a CAPE Professional.

Booth Committee: represents CAPE, gives out printed material, answers inquiries at special displays CAPE sets up for public relations.

Education Committee: gathers statistics and published material on child abuse, to study and innovate programs to help both children and parents. They prepare material to be used in the training of volunteers for the Hotline, Speakers and other groups. They do continuous seminars, which are available, without charge for interested members of the community. They send out educational packets upon request, not only in the area of child abuse, but also information on how to start an organization similar to CAPE. They also prepare material to be used in the CAPE High School curriculum and CAPE University Courses, which are held at Temple University Counseling Center and Penn State University.

Finance Committee: is responsible for financial plans and the allocation of funds.

Fund Raising Committee: carries on money making projects, such as fashion shows, and participating in the Flea Market, etc.

High School Program: teaches the CAPE curriculum to high school students.

Hospital Project: teaches hospital personnel the recognition of child abuse, the laws requiring reporting of child abuse and dealing with the abused child and abusing parent.

Hotline Committee: maintains a 24-hour supportive and referral telephone service. Volunteers complete a series of training sessions before staffing the phone. They counsel, give support, educate and recommend appropriate agency services to parents, children and other callers. There are regular on-going training meetings for these workers to improve their skills.

Head Start Project: trained 95 HeadStart workers in the area of child abuse and dealing with the children, parents and reporting laws. Two new programs for HeadStart will begin this week.

Publicity Committee: has established contact with the area TV, radio and newspapers and is constantly providing them with information about CAPE's activities and other pertinent child abuse material.

Speakers Committee: CAPE-trained speakers are available to any interested groups or organizations. Speakers help to educate and inform the public of child abuse and CAPE's efforts and programs in this area.

The Education Committee filled approximately 800 requests in 1976. The Hotline received 2,751 calls in 1973, approximately 400 from parents. In 1976, the Hotline received 4,776 calls, approximately 1,400 from parents.

The efforts of this distinguished committee to better protect the children of today also protects the children of tomorrow from the error, anguish and pain of abuse. Society as a whole, benefits financially and emotionally. The statistical probability is that the abused child will become a perpetrator of crime and, if s/he survives will be an abusing parent in the future. A correlation between juvenile delinquency and child abuse/neglect cannot be denied.

There are two areas that concern CAPE:

Section 4G

a. The inclusion of an attorney to represent the child's interest at every stage of the preceeding from the date upon which a report of suspected abuse is filed.

b. A clear concise definition of the guardian ad litem and the responsibilities that accompany that title.

This is of the utmost importance to protect the child since this then would establish a naional model for the states to incorporate.

Section 4J

To the extent feasible to insure that parental organizations combating child abuse and neglect receive preferential treatment, needs more definition.—Parents who need help and want help should be assured that this is possible without fear of recrimination.

CAPE has found in the years we have been working with abusing/high risk parents, that our effectiveness is due to CAPE's non-threatening approach. Parents who have been helped by CAPE, have become effective CAPE volunteers. They have become CAPE's primary resource.

We at CAPE believe the individual can change, given the proper encouragements, skills and support.

To help the abused child, to give that child the opportunity to have an informed better not destructive parent . . . one must extend themself for the abusing parent—Break the abuse cycle, help the parent to learn, self-explore without fear.

We trust the members of this committee, in their wisdom, will see fit to write into the law these additions.

Mr. Brademas. Thank you very much.

Let me just ask a couple of questions. I know from what you have said, Ms. Goldrick, our own State of Indiana apparently does not qualify for assistance under this Act. I am not sure that Pennsylvania does. Does Pennsylvania qualify?

Mrs. Maggio. Yes.

Mr. Brademas. And Tennessee?

Ms. Dycus. Yes.

Mr. Brademas. Three States including my own State, I regret to report, have not yet qualified for help under another piece of legislation written by this subcommittee, the Comprehensive Older American Services Act.

I hear all the speeches about States rights, but you don't see much effort to exercise them, but that is an aside.

To what extent do the other three States, aside from Indiana, provide any State aid for the kinds of program represented by the Child Abuse Prevention and Treatment Act? Texas has all that oil money down there, Mr. Ibarra.

Mr. Ibarra. Texas recognized some of their limitations but they are progressive. It has one of the best preventive services in the country. In our project we deal with several States. We have gone into Indiana, we have gone into Wisconsin, we have gone into Michigan. We have an agreement with Michigan. We have gone into Illinois. We are working out something like an interstate agreement between Texas and all those States mentioned and Texas Migrant Council to provide services to migrants. This is a differentiation. We talk about models, we talk about responsibility, we talk about effectiveness——

Mr. **Brademas.** Could I interrupt you? You have been remarking on migrant programs but my question more specifically is, is Texas State money invested in child abuse prevention and treatment programs?

Mr. **Ibarra.** Yes.

Mr. **Brademas.** How much money would you say?

Mr. **Ibarra.** They keep that pretty secret. I would not know, really.

Mr. **Brademas.** Could I ask Mrs. Maggio and Ms. Dycus if you can tell us if there is any significant money provided in each of your States?

Mrs. **Maggio.** Yes, all money for child abuse is to go through the department of protective services. For Philadelphia I think it is about $8 million is to be delegated, it has not been delegated yet because the State Department of Protective Services is not very happy with what has been going on. The fuding has been held back. I would like to say we were very instrumental in getting the law passed in our State.

Would you believe that 1,500 students wrote individual letters and they got their parents to write letters? This came out of a workshop with high school students which, by the way, was requested because of the large amount of sexual and physical abuse that was taking place in this all-white girls high school. More than half of those girls were physically and sexually abused. The head of the counseling department called us and requested that we please come in and do this workshop. These kids really got turned on. A lot of other people throughout the city responded and were really on the committee's back.

Finally, I think that little bit helped. It was more than just a little bit. We got a lot of press coverage. The media have been extremely responsive to us. Last year we did a salute to the media because they have been responsive.

To get back to your question, all money must go through the department of protective services which is not too happy to give any of it away. They feel that they can do it all themselves. Maybe they can, and with a few contracts. The local plan is being prepared. Every community and county, must prepare a local plan. Philadelphia is now in the process of doing this.

Mr. **Brademas.** Thank you.

Does Tennessee put any State money in such programs?

Ms. **Dycus.** Yes; as a State mandated agency we are responsible for investigation and follow up treatment of all protective service cases. We are putting up the match for title XX. About 50 percent of our workers' time is being spent in investigation. Very little time is being spent in followup right now. We do have heavy caseloads.

In addition to that, we have some services that are being provided with local funds as a match for title XX. An example of that is in Jackson, Tenn., where we have a title XX contract for comprehensive emergency services for foster care and caretaker services.

Mr. **Brademas.** Thank you very much.

Mr. Jeffords.

Mr. **Jeffords.** I have a few questions. I hope they can be answered very quickly.

We have heard evidence this morning that there is an increasing epidemic of child abuse. Could each of you answer very briefly from your own observations whether this is true in your particular area?

Let us start with Texas.

Mr. IBARRA. I don't know what constitutes an epidemic really, not being attunded to that, but I would say as unemployment and other things that affect the family increases I think they are directly related to things like this happening.

Ms. GOLDRICK. I would agree with Dr. Fontana in his statement that it is an epidemic. In our community we have found it is not a low-income problem, although most of the people who are reported are parents in that category. Most of the people we did our research on fell into the category of between $5,000 and $9,000, were receiving no public assistance whatsoever. I do think it is an epidemic. I would very much second Dr. Fontana's proposal that much more money, or 80 percent——

Mr. JEFFORDS. I will go into that later.

Mrs. MAGGIO. I don't know what you mean by epidemic. Do you mean sick? Do you mean it is a sickness that is accepted, a deviant form of behavior?

Mr. JEFFORDS. I think what he mans is that there is a large number of incidents. I am trying to understand the magnitude of the problem, whether it is increasing. Very briefly from your observation, is it serious enough of a problem to be considered an epidemic?

Mrs. MAGGIO. I think it is a serious problem. I think it is a tremendous problem. As far as being an epidemic, I can't say because I am just investigating it, myself. I can't come up with a conclusion now.

Mr. JEFFORDS. Thank you.

Ms. DYCUS. I think there is an increased number of cases. I also think there is an increase in the severity of abuse. We are predominantly a rural State. I think one of the abuses that has not been addressed at all is neglect. I think that we have a problem with neglect that is as serious as the problems that we have with physical abuse, and they are as damaging.

Mr. JEFFORDS. Thank you.

For those of you who are involved in statewide situations, is there any significant difference between urban and rural experiences as far as the seriousness of the numbers of complaints on a per capita basis or is this just as widespread an urban as a rural problem?

Mr. IBARRA. It is but it is less addressed in the rural areas. The services are not there. I think mainly the problem exists equally in both areas, but in the rural area there is not enough service.

Ms. DYCUS. I think there is a cultural difference and sometimes the chronic cases are more accepted in the rural areas. We use the comprehensive services model that was developed for an urban area in Nashville and are applying it now to a rural area. We are finding that we are having to change those services because we don't have the awareness in the rural area that we have in the urban area.

Mrs. MAGGIO. I want to say about the sexual abuse, we were called in as consultants for Bucks County, which is in Pennsylvania, Bucks County child protective services. The people from the Mental Health

Department were there, professional staff from mental health and various agencies. One of the things they said was that in the rural area sexual abuse was rampant. There did not seem to be anything they could do about it. I hate to say that and generalize but the statement was that it seems to be a way of life, exploiting children. You were discussing this earlier. It does affect the child.

Mr. **Jeffords**. I am going under the assumption you agree that more money ought to go out to the States for prevention and treatment. I would ask whether you feel that, with our present knowledge and the limited amount of money available, should it be skewed more towards prevention than treatment in the criteria for distribution?

Mrs. **Maggio**. Since we are not being paid and because I think most people come from their own perspective, and perhaps I am coming from mine, too, we do have some paid staff but I am not, I think prevention is extremely important because you are preventing something from happening. I think it is farsighted to investigate the preventive areas. Of course, the kids that need it now need the attention, too. It is like saying What do I do? Do I save this kid from drowning or do I keep this kid from jumping in? I think they are equally important.

Ms. **Dycus**. I would like to say that we had moneys from the Federal Government through FCD for the Nashville project. Had we not had the funds for that, Federal money for demonstration, we wouldn't have the comprehensive emergency model that we have now. I would hate for that to be cut out. I think that the services are needed, the money is needed for services, and that the States could get the money closer to the people.

Mr. **Brademas**. Do you agree with that?

Ms. **Golerick**. Yes.

Mr. **Brademas**. Mr. Heftel.

Mr. **Heftel**. I was interested in Miss Goldrick's observation that the States is seemingly afraid of the problem and politically perhaps would like to avoid addressing the problem. To the extent that that is true in perhaps half the States or some unknown number of States, have you had a perception that the funding should go to a program which direclty deals with the problem, regardless of whether it is a State, city or an agency, as an example the United Way or in Hawaii the Aloha Way.

Ms. **Goldrick**. That is my definite feeling. I don't think a progressive community that is trying to work with the problem should be jeopardized by maybe a less progressive State capital that is not going to perhaps pass very important legislation. I definitely feel that that should not be a factor for not distributing funds.

Mr. **Heftel**. The other members of the panel who do have State programs, do you have any opinion as to whether or not funding from the Federal level should be available directly to the agencies or city programs as opposed to going to the State as the funding method?

Mr. **Ibarra**. I think the funding should be available to the organizations because some States get bogged down and they do not deliver the services. An agency closer to the grass roots, community based, sees those things. I should feel that the funding agency should take care in evaluating whom they are giving the money to. If they are going to have a progressive and good program they are going to have to get down whether you are doing a good job or not. If not, no money.

Mrs. MAGGIO. We applied for a Federal grant in region III. With all the wisdom of all of you and everyone who is working in this area I am sure that none of you could have come up with what we had presented. We had a board that was going to work for free. They knew their job was to work for free. We were going to attempt to incorporate something like CAPE in the region. We had Judge Richette to go to all the areas. Dr. Wilson was on the board, Dr. Alchetti, Jamison. Everyone knew before they said, yes, they were going to be committed to put in time. Our salary was $200,000 per year. We were turned down. Howard University got it.

We have not been able to receive the resources from that center yet. The technical assistance we are to get, I know the proposal very well because I helped to write it. We kept calling. Of course, once in a while we do get a brochure. We get invited to a workshop which is ridiculous in comparison to things we already know. Those would be for people not already involved.

There needs to be closer attention to where the money goes and to see that it is really doing the job that it is designated to do.

Ms. DYCUS. I would like to expand on that a little bit. I not only think it should be evaluated, but I think it should be supported. I think that whatever the funding source is that that funding source has to have a liaison with the people that they fund and it has to be a cooperative relationship

As a bureaucrat I really have some question as to whether a State agency can be innovative within its structure. I think for innovative or new kinds of things those need to be set aside from a highly bureaucratic structure. I think that is something that needs to be looked at. I think we need to keep in mind whatever child abuse services we give they have all kinds of focus around the law. There is a coordination. It depends on who is mandated to provide that invesgiation.

Mr. HEFTEL. One other quick question. Out of the funding programs that have occurred through HEW and your own awareness do you have available to you now a series of television public service announcements which you can bring to your local television station to use as a part of an educational and awareness campaign to the public?

Mrs. MAGGIO. We have a center in Philadelphia and the people there have been extremely receptive. They gave us copies of material which needs to be duplicated. Since we are in a position that we don't have that kind of money that presents a problem.

Mr. HEFTEL. Have you gone to the stations and asked them to assist you?

Mrs. MAGGIO. Yes; we put our own together because we feel ours will be more effective.

Mr. HEFTEL. You have no problem going to your own TV station and getting exposure of the problem to the public at no cost to you if you properly present yours?

Mrs. MAGGIO. Yes. People are interested.

Mr. HEFTEL. Thank you, Mr. Chairman.

Mr. BRADEMAS. Thank you all very much indeed for having come and given us the benefit of your experiences and views from your four different States and communities.

The Chair would like for the benefit of the others in the audience to say that we have yet to hear two more panels. The first, representatives of the Child Welfare League of America and National Association of Social Workers, and witnesses from Massachusetts and Illinois.

Again the Chair hopes that the witnesses can try to summarize their statements so that we can have time to hear everyone.

Our next panel then is composed of Clara Swan of the Child Welfare League of America and Dr. Deborah Shapiro; and Leila Whiting and Vanette Graham of the National Association of Social Workers.

Ladies, we are pleased to have all of you with us this morning.

Miss Swan, shall be begin with you?

PANEL NO. 2 PRESENTATION—CLARA SWAN AND DR. DEBORAH SHAPIRO, CHILD WELFARE LEAGUE OF AMERICA; AND LEILA WHITING AND VANETTE GRAHAM, NATIONAL ASSOCIATION OF SOCIAL WORKERS

STATEMENT OF CLARA J. SWAN, ASSOCIATE DIRECTOR OF FIELD OPERATIONS, CHILD WELFARE LEAGUE OF AMERICA

Ms. SWAN. Mr. Chairman, I would like to apologize for a clerical error in some of our material and particularly the misspelling of your name. It certainly was not intended.

Mr. BRADEMAS. As long as they vote for it, I don't care how it is spelled.

Ms. SWAN. The report that I submit for the record will certainly be in good condition.

I will summarize as you suggested.

My name is Clara J. Swan. I am associate director of field operations for the Child Welfare League of America, a national voluntary organization with approximately 380 public and voluntary child welfare agency affiliates in the United States and Canada. Seventy-one affiliated agencies have protective service programs. The Child Welfare League appreciates the invitation to testify before you today. Accompanying me today is Dr. Deborah Shapiro, research director for the Child Welfare League of America which has a federally funded research grant of $150,000 from the National Center for Child Abuse and Neglect.

The purpose of the league is to protect the welfare of children, youth, and their families regardless of race, creed, or economic circumstances by helping agencies and communities to provide essential social services. It provides leadership and services to the entire child welfare field not only to its affiliates. It is a spokesman for all children but particularly for children at risk. As an accrediting, standard-setting agency the league provides consultation, develops service, publishes professional literature, and conducts research. The motto of the league is: guarding children's rights—serving children's need.

The Child Welfare League recognizes two major issues of concern to your committee. One is whether the present legislation being discussed should be extended and the other is the length of time for any extension.

This legislation which makes provision for both research in child abuse and neglect and programs for abused and neglected children and their families is vewed as a sound approach to this serious problem and should be extended.

In regard to the length of time the committee may choose we would point out that appropriate research requires long-term funding. The present 2-year grant limited the design and therefore the results.

Yet the present program for abused and neglected children is just one of many Congress may wish to consider in light of the new administration's interest in social legislation. A 1-year extension will permit comparison of various approaches and an opportunity for a selection. We realize that a 1-year extension may be somewhat tenuous support but as cheered by Chairman Brademas' major ally when this legislation passed, Mr. Mondale, who is now our Vice President. Because of this, we assume that the interests of both will be such that legislation which includes this group of children and their families will be continued after 1 year.

Let me turn for a moment to the research on this subject being conducted by the Child Welfare League. The November 1970 issue of Child Abuse and Neglect Research, published by the Department of Health, Education, and Welfare lists 141 ongoing research projects, most funded by the Federal Government. This would seem to be an ample investment of the taxpayers' dollar from which strong findings to be used in formulating policy and developing programs might be expected, but this investment represents only a respectable beginning. From these studies will come promising hypotheses about the nature of the problem and the best methods for dealing with it. These hypotheses need to be tested and only then will we have the strong findings needed as a basis for policy decisions and the development of sound programs.

The League is the recipient of a 2-year grant from the National Center for Child Abuse and Neglect. The grant period will terminate in May and we expect that a publication reporting the findings will be available by the end of the year. The study was carried out in response to one of a series of questions posed by the granting agency: what the factors associated with the discontinuation of child abuse and neglect?

This question is best answered longitudinally, i.e., by identify families at the point where it has been reasonably well established that they are in fact abusive or neglectful, collecting data about them, then following up at least 1 year later to assess what changes, if any, have been made and under what conditions. Such study design, however, requires at least a 3-year grant; the granting agency was limited by the expiration date of the Child Abuse and Neglect Prevention Act to 2-year grants.

A difficulty of research on this problem is finding sufficiently large samples of families under conditions of (1) high geographic mobility;; (2) appropriate safeguards of confidentiality; (3) validation of the complaint of abuse or neglect; and (4) willingness of these kinds of families to to be interviewed.

In our study 20 percent of the families could be described as unsuccessful in their efforts to persuade agencies that they could continue caring for their children. Another 26 percent were functioning as parents under agency supervision while 54 percent had apparently succeeded in persuading the agencies involved that they no longer neglected or abused their children. A longer time period for the study would have meant a larger sample than we were able to obtain under the difficulties that have been cited.

A major part of our report will be devoted to an analysis of the differences between the successes and failures. We feel that our study, despite some of its limitations, will justify the granting agency's investment and will make a contribution together with others to our understanding of the problems but their validity will need further testing before we can assess their implications for Government policy and programs.

During the period of this legislation many States have improved their service to children and families in their own home to meet Federal regulations and receive Federal assistance. This represents a major accomplishment which has resulted in benefits to thousands of children and their families. Service to families had been woefully neglected for many years because there had been no funding for it. We have long known the benefits of keeping children in their own homes with appropriate service but it is a cliche that programs follow funding because it is a fact.

I just might say parenthetically our main office is in New York City. New York State does get funds. New York State has funded programs and this money in New York City combined the public department with voluntary agencies. New York City has a very peculiar administrative setup. They have asked us to evaluate those programs. This is a preventive program. We have published a book called "A Second Chance for Families," which I shall be glad to give you.

As a result of that the State legislation was changed to provide for this kind of service and for funding to the locality for it.

Service for these families and their chlidren is not cheap. The report of a recent evaluation of a preventive program for one State showed that a staff member carrying out the intensive social work intervention required by these extremely difficult and taxing cases cannot successfully work with more than 10 to 12 families at a time. It also requires 24-hour coverage and the availability of adequate day care and homemaker service.

These costs are well justified if they help to keep children with their own families. Congressman Biaggi's leadership in urging the reduction of the number of children in long-term foster care is well known. These services, although costly, do help to keep children with their families.

Having served on several advisory committees for projects funded under this legislation I am aware of the great variety of activities which have been undertaken: to develop model laws for States, to develop curriculums for training of staff and others in relation to child abuse and neglect and to determine the special needs of varied groups.

These advisory committees have not always functioned smoothly. They have had representatives from varied professions such as law, medicine, social work, law enforcement, education, et cetera, who were leaders in their fields with firm convictions resulting from their training and experience. Complete agreement on issues did not come easily. As Congressmen you know that the democratic process like the force of true love does not always run smoothly.

Nevertheless, the voluntary members had a higher record than I frequently see at meetings, they worked hard and wanted to produce a document that all could be proud of. There is every reason to believe that as a result Federal department will be in a position to improve the administration of these projects in the future.

Much money has been expended to develop ways to help children who are abused and neglected so that they may receive appropriate care and in many cases remain with their families. If this legislation is not extended the material developed from the various projects will never be fully tested and put into general practice. Many leaders in many professions who have contributed their expertise and valuable time because they, like you, are concerned about this serious problem will be disillusioned if their work just remains on the shelves of HEW.

Therefore, the Child Welfare League of America recommends the continuation of this legislation for 1 year and hopes that an additional appropriation of $4 million will be added to the present $19 million to provide for increased cost of living.

Mr. BRADEMAS. Thank you.

Dr. Shapiro.

Dr. SHAPIRO. I join in the statement. I am here to answer questions.

[Prepared statement of Clara J. Swan follows:]

PREPARED STATEMENT OF CLARA J. SWAN, ASSOCIATE DIRECTOR OF FIELD OPERATIONS, CHILD WELFARE LEAGUE OF AMERICA

My name is Clara J. Swan. I am Associate Director of Field Operations for the Child Welfare League of America, a national voluntary organization with approximately 380 public and voluntary child welfare agency affiliates in the United States and Canada. Seventy-one affiliated agencies have protective service programs. The Child Welfare League appreciates the invitation to testify before you today. Accompanying me today is Dr. Deborah Shapiro, Research Director for the Child Welfare League of America which has a federally funded research grant of $150,000 from the National Center for Child Abuse and Neglect.

The purpose of the League is to protect the welfare of children, youth and their families regardless of race, creed or economic circumstances by helping agencies and communities provide essential social services. It provides leadership and services to the entire child welfare field not only to its affiliates. It is a spokesman for all children but particularly for children at risk. As an accrediting, standard-setting agency the League provides consultation, develops service standards, sponsors annual regional conferences, maintains an information service, publishes professional literature and conducts research. The motto of the League is: guarding childrens' rights—serving children's needs.

The Child Welfare League recognizes two major issues of concern to your committee. One is whether the present legislation being discussed should be extended and the other is the length of time for any extension.

This legislation which makes provision for both research in child abuse and neglect and programs for abused and neglected children and their families is viewed as a sound approach to this serious problem and should be extended.

In regard to the length of time the committee may choose to consider, we would point out that appropriate research requires long-term funding. The present two-year grant limited the design and therefore the results.

The present program for abused and neglected children is just one of many Congress may wish to consider in light of the new administration's interest in social legislation. A one-year extension will permit comparison of various approaches and an opportunity for a selection. We realize that a one-year extension may be somewhat tenuous support but are chaired by Chairman Brademas' major ally when this legislation passed who is now our Vice-President. Because of this, we assume that the interests of both will be such that legislation which includes this group of children and their families will be continued after one year.

Let me turn for a moment to the research on this subject being conducted by the Child Welfare League. The November 1970 issue of Child Abuse and Neglect Research, published by the Department of Health, Education and Welfare lists 141 ongoing research projects, most funded by the Federal government. This would seem to be an ample investment of the taxpayers' dollar from which strong findings to be used in formulating policy and developing programs might be expected, but this investment represents only a respectable beginning. From these studies will come promising hypotheses about the nature of the problem and the best methods for dealing with it. These hypotheses need to be tested and only then will we have the strong findings needed as a basis for policy decisions and the development of sound programs.

The League is the recipient of a two-year grant from the National Center for Child Abuse and Neglect. The grant period will termiate in May and we expect that a publication reporting the findings will be available by the end of the year. The study was carried out in response to one of a series of questions posed by the granting agency: what are the factors associated with the discontinuation of child abuse and neglect?

This question is best answered longitudinally, i.e., by identifying families at the point where it has been reasonably well established that they are in fact abusive or neglectful, collecting data about them, then following up at least one year later to assess what changes, if any, have been made and under what conditions. Such study design, however, requires at least a three-year grant; the granting agency was limited by the expiration date of the Child Abuse and Neglect Prevention Act to two-year grants.

A difficulty of research on this problem is finding sufficiently large samples of families under conditions of (1) high geographic mobility; (2) appropriate safeguards of confidentiality; (3) validation of the complaint of abuse or neglect; and (4) willingness of these kinds of families to be interviewed.

In our study 20% of the families could be described as unsuccessful in their efforts to persuade agencies that they could continue caring for their children. Another 26% were functioning as parents under agency supervision while 54% had apparently succeeded in persuading the agencies involved that they no longer neglected or abused their children. A longer time period for the study would have meant a larger sample than we were able to obtain under the difficulties that have been cited.

A major part of our report will be devoted to an analysis of the differences between the "successes" and "failures". We feel that our study, despite some of its limitations, will justify the granting agency's investment and will make a contribution together with others to our understanding of the problems but their validity will need further testing before we can assess their implications for government policy and programs.

During the period of this legislation many states have improved their service to children and families in their own home to meet federal regulations and receive federal assistance. This represents a major accomplishment which has resulted in benefits to thousands of children and their families. Service to families had been woefully neglected for many years because there had been no funding for it. We have long known the benefits of keeping children in their own homes with appropriate service but it is a cliche that programs follow funding because it is a fact.

Service for these families and their children is not cheap. The report of a recent evaluation of a preventive program for one state showed that a staff member carrying out the intensive social work intervention required by these extremely difficult and taxing cases cannot successfully work with more than 10 to 12 families at a time. It also requires 24 hour coverage and the availability of adequate day care and homemaker service.

These costs are well justified if they help to keep children with their own families. Congressman Biaggi's leadership in urging the reduction of the number of children in long-term foster care is well known.

Having served on several advisory committees for projects funded under this legislation I am aware of the great variety of activities which have been undertaken: to develop model laws for states, to develop curriculums for training of staff and others in relation to child abuse and neglect and to determine the special needs of varied groups.

These advisory committees have not always functioned smoothly. They have had representatives from varied professions such as law, medicine, social work, law enforcement, education, etc. who were leaders in their fields with firm convictions resulting from their training and experience. Complete agreement on issues did not come easily. As Congressmen you know that the democratic process like the force of true love does not always run smoothly.

Nevertheless, the members had a higher attendance record than I frequently see at meetings, they worked hard and wanted to produce a document that all could be proud of. There is every reason to believe that as a result the Federal department will be in a position to improve the administration of these projects in the future.

Much money has been expended to develop ways to help children who are abused and neglected so that they may receive appropriate care and in many cases remain with their families. If this legislation is not extended the material developed from the various projects will never be fully tested and put into general practice. Many leaders in many professions who have contributed their expertise and valuable time because they, like you, are concerned about this serious problem will be disillusioned if their work just remains on the shelves of HEW.

Therefore, the Child Welfare League of America recommends the continuation of this legislation for one year and hopes that an additional appropriation of $4,000,000 will be added to the present $19,000,000 to provide for cost of living.

Mr. Brademas. Miss Whiting.

Ms. Whiting. My name is Leila Whiting. I represent the National Association of Social Workers. With me today is Mrs. Vanette Graham who will be presenting the testimony of our association.

STATEMENT OF VANETTE GRAHAM, SENIOR SOCIAL WORKER, CHILD PROTECTION CENTER, CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER, WASHINGTON, D.C., AND CHAIRPERSON, THE CHILDREN'S COALITION ON BEHALF OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS, INC.

Ms. Graham. My name is Vanette Graham. I am a social worker representing the National Association of Social Workers (NASW), a professional organization of over 70,000 members. In all communities where there is some program which offers services to abused and neglected children and their families, the social worker is the key professional.

For over half a century, social workers have been intimately involved with and committed to helping abusive and neglectful families. We speak to the issue before this committee today, therefore, as a professional body with a long history of continuous and intimate involvement in the problems of child abuse and neglect. We will be discussing the areas of: (1) Coordination, (2) regulation, (3) duplication, (4) resource allocation, (5) administration, (6) contract practices.

1. COORDINATION

First of all, we should like to urge the committee to recommend that the funding under the Child Abuse Prevention and Treatment Act of 1974 (P.L. 93–247) be continued. It is further recommended that the next 12 months be used to consider a major problem which has become increasingly evident in the past few years, namely, lack of coordination among the proliferation of programs dealing with the same target group: vulnerable families.

Our members, who are the frontline workers in these programs, feel strongly that there is inadequate coordination among programs within the Federal Government dealing with multiproblemed families.

Further, NASW considers that the focus of support should always be on the family rather than on the presenting symptom which may be, among others, such problems as child abuse and neglect, emotional disturbance, runaway youths, and so on.

For example, we now know that the delinquent or runaway adolescents of today were usually the abused and neglected children of yesterday (1, 2). We now know that abused and neglected children usually have learning and academic difficulties and are often included in the population of Head Start programs (3, 4, 5).

We now know that programs defined as dealing with child abuse and neglect are involved with these same families. Thus, we have Runaway Youth, Head Start, and Child Abuse and Neglect programs offering unrelated community programs, all targeting the same vulnerable families, but not in a cohesive, coordinated fashion. This is an expensive way for communities to behave, both in terms of budget and effort, and it is an inefficient way to help families who inevitably suffer from this lack of coordinated focus.

It can be seen, then, that where families have serious social problems, the symptoms of stress are often child abuse and neglect. Consequently, we urge that there be close collaboration between all Federally funding agencies dealing with vulnerable children and their families in order that policies be cohesive, overlapping be minimized, and implementation of new knowledge be maximized. With this coordinated approach will come more effective service delivery to the affected family. We believe that these programs should be located in one office so that responsibility can be centralized and coordination improved. The Office of Human Development would be the natural locus for this effort.

2. REGULATION

Recently, the National Center on Child Abuse and Neglect sent around for comment and review, a draft called "Proposed Federal Standards on the Prevention, Identification and Treatment of Child Abuse and Neglect." A contract with a private firm has been arranged to rewrite these standards. In the meantime, the Public Services Administration of HEW has just published the results of one of its contracts, entitled "Protective Services for Abused and Nelgected Children and Their Families: A Guide." This document covers much of the same ground and addresses many of the same issues as the other proposed standards, on which work is still in progress. It is this kind of duplication which could be eradicated with centralized responsibility for children's programs.

3. DUPLICATION

Further duplication has occurred around the number of diverse groups undertaking what is generally termed training. The National Association of Social Workers is working under a training grant from the National Center on Child Abuse and Neglect (NCCAN) one of 22 grantees to field-test a curriculum previously developed by a private firm under a grant from NCCAN. The Child Abuse and Neglect Regional Resource Centers have almost all had some training efforts as a component of their programs, and a number of private groups have received NCCAN grants and grants from the HEW Regional Offices to offer training in child abuse and neglect.

Although the Federal granting agencies all suggest that coordination would be helpful, it is difficult to implement when every project is busy trying to figure out how to implement its own program. NASW has received mail from constituents asking us not to duplicate further the training efforts in particular communities. In addition, there seems to be a lack of rigorous control over the amount, quality, and effectiveness of the diverse training offered.

4. RESOURCE ALLOCATION

There is a very real problem in deciding how much money to allocate for training, service delivery, and research. Where the hurt child is visible and obviously needing help, the humane impulse is to spend resources in evolving an effective system of service delivery. Some of NCCAN's resources have appropriately been spent on developing such models, although there seems to have been a problem in effectively evaluating how these operate and which should then be useful for replication. NCCAN has, commendably, focused on the family as the unit to be helped, and they have supported, both formally and informally, a coordinated community approach to child abuse and neglect, especially through the use of various kinds of multi-disciplinary teams.

For long range effectiveness, however, rather than a band-aid approach, we would recommend that additional money be directed to research geared to such things as: a working definition of abuse and neglect; more effective ways of helping families to change their faulty child-rearing patterns; new and effective intervention techniques to help change children who have been identified as abused or neglected so they, in turn, do not repeat the intergenerational pattern and cycle of abuse and neglect. It would be helpful to research the effectiveness and utility of our current State child abuse reporting laws to assess whether they are effective in protecting vulnerable children, or if some other way of helping their families receive needed services might be more effective.

5. ADMINISTRATION

With these comments, the inevitable question arises then: Is the National Center on Child Abuse and Neglect doing an effective job of providing direction and leadership to this complex and essential field. To answer this, the context in which the National Center was first established must be examined. For decades, the problems of child abuse and neglect were largely relegated to our public welfare agencies where they languished for lack of funds and status and little effective legal backing. Abused and neglected children were largely ignored by the community. Overworked public welfare agencies had neither the money, staff, nor community backing to provide effective and comprehensive child welfare services.

In the 1960's the medical community discovered child abuse, and because of its status and clout, was able to prick the conscience of society. Legislative action was rapidly taken in the passing of State laws requiring the reporting of child abuse. This was followed by P.L. 93-247 and the subsequent establishment of the National Center on Child Abuse and Neglect.

Its job, then, was to provide leadership and direction to a field which by now touched all human service professionals, and includes social workers, physicians, health and mental health professionals, lawyers, judges, law enforcement officers, and educators.

All of these view the problem from their own points of view and see particular ways to deal with it. To give leadership to such a group and meld them together through their unifying common interest, concern for the welfare of children and families, requires an unusual person with extensive personal and professional experience, commitment, great clarity of thinking and vision, and tact.

6. CONTRACT PRACTICES

On last point to be made is the serious question which NASW has regarding the greant utilization of private profitmaking firms to implement the goals of the National Ceinter on Child Abuse and Neglect, although this practice is not unique to the center. We have had reported to us by many professionals their concern that the firm which is skilled in writing grant proposals, after being awarded a contract or grant has often to learn about the subject matter.

Professionals have been angered that often the staff of these agencies have contacted them for instant information and a cram course of child abuse so that they can implement their program. Sometimes professional organizations are asked to contribute their staff time and thinking and then are credited with this advisory capacity, giving the production greater and often undeserved credibility.

In presenting proposals, these private firms will often include the resumes of well-known, well qualified professionals who will in actuality, have on a peripheral role in the actual implementation of the project. There should be serious consideration given to reevaluating Government policy with regard to contracting with with private profit-making groups where human services are involved.

Thank you. We appreciate the time and the opportunity to present these few comments to you today, in support of extending the Act. We hope that the Congress will use its oversight responsibilities in correcting the deficiencies which we have highlighted.

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Mr. Brademas. Thank you.

Given what I take you would all agree is a very serious problem, child abuse; given the concern that all of you have voiced about it or otherwise you would not be here today; given the great difficulty in achieving short run effectiveness for programs that involve human behavior, particularly when we don't have vast sums of money, particularly when the problem we are addressing here is very complex and involves many facets of society and the family; given the difficulties in the effective administrative implementation of this program; and given your support for the continuation of the program; given all these factors, I am really quite puzzled that you ask for only a 1-year extension of it?

Ms. Swan. I would hope that within that year we will have an opportunity to see what other kinds of legislation affecting children will be considered, whether the service to these children will be part of that; if it won't, what the next step will be.

Mr. Brademas. In 1 year?

Ms. Swan. I am always hopeful. Furthermore, I think it would give us the time to weed out what has been developed, what is good and what is not in this regard and this does require administration to do this.

Dr. Shapiro. The research projects that were funded currently were funded on a 2-year timetable which is only now terminating. Our study will terminate in May. There should be at least a dozen research reports coming through the mill by the end of the year that ought to give us some basis of evaluating our own research work and where we need to go from there.

If we had a year's interval in which to take a look at that we would be in a better position.

Mr. Brademas. What is the antecedent of the pronoun we?

Dr. Shapiro. I am thinking of those of us who are engaged in research. For the most part, the grantee of NCCAN in research.

Mr. Brademas. Doctor, I am very skeptical of the scientific validity of what you have just said to me. I am really quite astonished that you would give me such a response. Do you really think that in another year we will be able or it will be possible to evaluate fully the effectiveness of the research that has been supported by NCCAN funded projects?

Dr. Shapiro. No. What I am saying is that there is a crop coming out now, just beginning to come out, of research reports which you can read and which should enable the NCCAN people themselves to assess where they are in their research needs and where to go from there. It is kind of moving from first grade to second grade is really all I am saying. I am not saying to give a definitive answer you should have a basis for planning the next step.

Mr. Brademas. Now you are talking in terms of first and second grades, but your answer comes in the context of a question that I put to you concerning why you suggest that, given the enormity and complexity of this problem a 1-year extension will be sufficient?

I have not heard a very responsive answer on that from anybody yet. If it is a political response you are giving me I can understand that. I am asking for a scientific response. I do not hear it.

Ms. Whiting. We are recommending an extension of the funding and hoping that very shortly some exploration would be made of coordinating activities with regard to helping vulnerable families of which abused and neglected children represent one segment and that hopefully the funding then in future years could be more cohesively put together so that it could be maximized and go on.

I don't see any end in terms of helping vulnerable families. I expect they will be with us forever. Hopefully we can help them become fewer and helping more people become less abused and less neglected. I would hope that the office of child development would be able to provide a lot of support services for many targeted groups that at the moment have discrete funding with all the various expenses that go with that.

Mr. Brademas. What puzzles me is that here we don't even have 30 States in the Union that presently qualify for this. The responses that I was getting earlier seem to indicate, well, let us have another year of it and we will have a handle on this problem.

To some extent I exaggerate your response to try to induce some more concrete and, I reiterate, more scientific response than any I have yet heard, aside from what the last witness has said.

Dr. Shapiro. A scientific response as far as I am concerned is that you want your research as a permanent part of your social programs. They always change. Society changes, the problem changes. What we need in this field is to institutionalize our research as in effect the medical profession has done and then it is understood you go on and on. With us it is not. We have bits and pieces here and there.

Mr. Brademas. I can understand what you have just told me. That brings me back to a fundamental question that has run through our questioning of the several witnesses, namely, the appropriate mix amoung research, training, prevention, treatment. We have a wide variety of responses to that particular question representing, I am sure, the different perspectives of the witnesses.

I think, Miss Graham, you talked about the importance of research in your testimony. Other witnesses have said, well, we really don't need much more research, give us the money and we know what to do with it. I would appreciate if whoever would like to comment on the question, would tell us what you feel would be a proper general division of whatever funds we may have among those four categories, or, indeed, any others you think appropriate.

Ms. Swan. I don't think I have any exact mix but I certainly would be glad to look at this and send in some information later. I think some of it will depend on what has gone before. In other words, it ends many of the programs you are hearing about today that have been appropriated they will come to a sweeping halt.

It would be nice to think the States would pick them up and go on with them. We know from experience that does not happen. We have shown what can be done. This would be unfortunate. I think what we are thinking of for the 1 year is that we would hope that 1 year would be used to reevaluate and decide which ones should be continued. I think your mix is going to depend a little bit on that.

Mr. BRADEMAS. Yes.

Dr. SHAPIRO. I would certainly hope that you would not rule research out obviously. I would go along with Dr. Fontana in saying the thrust ought to be on prevention and service programs.

We do have a fair amount of knowledge of the psychodynamics of why people behave the way they do. What was in the literature at the time I wrote our proposal for the current study we know very, very little on what works with whom. We hope our own study will produce findings on what preventive services has accomplished.

I would like to know a lot more about what our innovative services accomplish. Innovative services come from people who are heavily committed to them. If you ask whether they are successful they will say, yes. If you try to find out whether they are successful in proportion to the amount of money invested in them, whether the success varies with this kind of patient as opposed to that kind of patient, I think you usually will find they are too busy to look at that data to find out. What we need is rather coldblooded and detached views of the——

Mr. BRADEMAS. I applaud what you have said, Dr. Shapiro. The more I deal as a legislator with these problems the more convinced I am of the importance of really tough minded evaluation. One looks around and one finds very often the scientists have really not developed—which is not a rebuke, it is just the state of the art—have not really developed very effective criteria for making such evaluations.

Ms. GRAHAM. I would second that also. I did not intend to downgrade the service-giving component or treatment. That actually is my job. So, doing this, we are so involved internationally we have no time to do the research and to reevaluate our program effectively. But I think this is most important. I would like to know how effective we are.

We have statistics to say this person has not come back in over a year's period of time. There is nothing to say this person won't come back in the next 3 months after this is over. I think there needs to be a balance, but I don't have any magic formula for it. Both are very, very valid components.

Ms. WHITING. The amount of research which has gone on so far is more focused within the projects that have been funded but the NCCAN on the individual family and why this family abuses this child. I am looking at the psychodynamics of the particular characteristics of the abuser and abused. It kind of neglects something that I think Mr. Jeffords was getting at, is this an epidemic or not. That research does not address itself to the social conditions and the kind of background into where we as a society are evolving and what kind of child care practices do we have and why do we have them and how can we change them.

If you are going to say this is an epidemic, then you are using a kind of medical model. It kind of implies that suddenly there is a decision when actually what is happening is suddenly we are saying we don't like the disease that we have lived with for all of our lives as people, for thousands of years people have done much worse things to children then we are doing now. Whereas we are moving beyond that point of treating our children with the degree of inhumanity, we are now saying we don't want to treat them with any inhumanity.

The veil has been lifted then on the kind of practices that people inflict on their children. It is how do we rear our children and how can we accentuate and speed up the child rearing changes that have been taking place over generations.

Mr. **Brademas.** I think your point is very well taken.

Mr. Jeffords.

Mr. **Jeffords.** I can't help but take the opportunity, having sat here for 2 years and having the administration to criticize, to point out that, taking the course of inflation into consideration, a reduction in funding is actually recommended this year.

Mr. **Brademas.** If my colleague will yield, I am going to be joining him in inflicting some criticism on the administration of my own party. So, I am very bipartisan in this.

Mr. **Jeffords.** We are talking about 1 October on. You refer to a new crop of research projects coming in this fall, et cetera. So, the question we have is with the $19 million which everyone agrees is infinitesimal compared with the kind of problems we are dealing with, how can we best spend that $19 million? We have had evidence that now is the time to get down to the problem, to get more money out to the field to those people who we think know some of the answers.

One of the questions we will be faced with is whether we spend money as we do now or whether we shift the funding so that we put more money out into the field in areas of prevention and treatment. You seem to be against that; you think the present funding portions are correct. Or should we change them and put more out in the field at this time?

Ms. **Swan.** Actually it would not amount to a great deal per se. For some States it would mean more. It depends on at what level they already are in their program. We certainly have examples of some States where money has been put in to develop a reporting system that was very effective. They had thousands of children reported. They then had no staff to see the families. When that money was withdrawn, the whole thing collapsed and they are right back to where they were. It is worse because more people are disillusioned.

I really believe we need to develop ways and methods that can be used and translated and then funding must be on a different basis I would think as a permanent sort of thing.

Mr. JEFFORDS. You think we should wait before we change the funding or can we start moving towards getting more money out in the field?

Ms. SWAN. Sure. If you have the money that is fine.

Mr. JEFFORDS. You have to be realistic.

Ms. SWAN. Given those limitations then let us get as much knowledge as we can. Anybody who has worked in a rural area and been in the cities knows a lot of the very fine programs really don't translate that neatly to a rural area. Many areas in Idaho could never use the system that New York City does. I would suspect they don't have a child psychiatrist within the State. I don't know that to be true but I think that would be likely because we have run into this. So they can't duplicate it. But there must be other ways that it could be done.

Mr. JEFFORDS. Looking forward to 1 October, and beyond would it not be better to give more money to the States and rely on the results of research projects that will be coming out, or do we need to devote the $19 million for the next 2 years, assuming we get at least that much, to continue the proportions and programs as set out in the act.

Ms. SWAN. My reaction is that there is more work needed before we are ready to throw it out. That is my belief.

Mr. JEFFORDS. Thank you.

Is there any other comment on that?

Mr. MILLER [presiding]. Mr. Heftel.

Mr. HEFTEL. I have a feeling that Federal funds may or may not be useful as they are now being allocated. There seems to be an undercurrent that says we are spending money at the Federal level but it is more because we think we should than we know what we are doing and why we are doing it.

I wonder if the most progress that is being made is where the local community has taken the initiative, where the Federal funding follows rather than precedes.

Taking Joseph County as an example, the awareness, the original group and the follow through was all initiated locally. Is there a need for local participation and implementation of actual programs where, after the plan demonstrates its ability to function, demonstrates willingness on the part of the community to render volunteer services and local funding, at that point the Federal funding can be most useful and start to bring about results then and then only, because the funding at this time seems to be lost along the way. Nobody can target what appears to be an identification of how the Federal funding has really done anything of significance in the implementation of the programs that do in fact work on the problem.

Ms. WHITING. That is a very interesting thought. I had not thought of it in that way before. I think you might have a really point there. The actualy delivery of service has to be done at a very local level where a person has applied for service, has nothing to do with what is happening in some Federal office building in Washington.

If that local level is unwilling to provide services, no amount of Federal funding will really provide them in an effective way.

They may have the money and hire the staff, but they certainly are not going to be effective delivery areas. They will be reluctant employees. It might well be that some of the programs that have been developed locally could be infused with new life and new enthusiasm with some Federal funding. It could go that way.

On the other hand, there are other communities that just do not have the local support or fiscal backing to have programs and in those communities sometimes the Federal funding is essential to get anything off the ground.

I guess my response to that would be that you need to look at that on a case-by-case kind of situation. There are some communities for which I think what you are saying would be true and other communities where it would not be. I am kind of equivocating in a sense, but I don't know how else to approach it.

Mr. HEFTEL. Can a limited amount of Federal funding really do anything effectively unless it follows the activity, concern and awareness of the application of people and dollars at the local level?

Ms. WHITING. On the other hand, it sometimes creates that awareness. Having a small amount of money going into child abuse and neglect over the past 2 years has made a tremendous difference in the amount of awareness at the local level of the problem. The reason that the numbers of child abuse reports have increased so is partly due to the fact that Federal money has gone in, more people are aware of it.

If you mention child abuse today, people say, yes. If you mentioned it 5 years ago, they would look at you blankly and say, what exactly is that? There is quite a difference today as a result of Federal money and difference in terms of the local preparedness to do something about the problem.

Ms. SWAN. I agree with that, it has to be a mix. I think if you waited for some States to submit a proposal they never would. They may well be the States who need a little shot in the arm, as it were, the most. You get a lot of proposals from certain communities and it is related to many things. We have seen all through the years in child welfare that the gains that have been made in child welfare have frequently been made in some States because of the Federal money that has gone in and they have to meet certain standards to get that money and they want the money, so they have to create the services. So you have to be prepared to do it both ways.

Mr. HEFTEL. Thank you.

Mr. MILLER. I have a couple of questions, if I might.

Ms. Graham, in your statement you talked about a contract with a private firm having been arranged to rewrite the "proposed standards on the prevention, identification and treatment of child abuse and neglect." Why would that be done through a private firm?

Ms. GRAHAM. That is part of the criticism, sir. Very often the research is contracted out to private firms. Dr. Fontana alluded to this earlier in terms of the Davis firm which has been involved in much of the child abuse, neglect and research without the experts to really do this.

Mr. MILLER. Would not the advisory council have the professional capability to deal with that kind of problem, given input from the States and local programs?

Ms. GRAHAM. I would hope so. It does not seem to come out that way at all.

Mr. MILLER. What is their role in that?

Ms. GRAHAM. From what I can understand, the council has met twice since its formation and I gather that it is strictly that, an advisory kind of thing, perhaps one person taking the leadership in terms of making the decisions. This is the report I get back Consequently, there is very little involvement in terms of output as far as making concrete suggestions and recommendations for how the program will operate.

Mr. MILLER. Anybody else?

Ms. WHITING. That is our question, how come?

Ms. GRAHAM. We ask questions. This is all I get back.

Mr. MILLER. I want to reask the question. If you have an advisory council, that given the number of people across the country who are involved in the issue and their different abilities and expertise in the subject, it would seem to me you should be able to put together an advisory council that can come up with standards on the prevention, identification and treatment.

You have one State that comes up with very good reporting procedures which apparently you don't question, but then they have a problem after that in terms of staffing and so forth. Should not the advisory council be taking reporting procedures here, preventive program here, research here and pull them together? Or is it just a honorary position?

Ms. GRAHAM. This is the question we have asked. I gave you the only response I have been given in terms of its function and responsibility.

Mr. MILLER. Talking about research for greater coordination, I don't know if that does not mean that somebody just has to sit down and look at the body of knowledge that has been developed or will be developed at the end of the year and start sifting it and finding out what works and what does not work, or what potential there is in putting it together.

I don't know if you have to go to a $300,000 outside contract to do that. Maybe you have to employ some staff to help the advisory council and get people who are committed rather than people who want to see their names in lights. That is not to say who is on the council. But in rethinking our legislation maybe we ought to tell them what their specific duties are.

Ms. SWAN. I think part of the problem has been very clear that committees have advisers; you can give the information but not participate of course in any decision. There are standards, which may not be quite the way they are, but they are well known in the field and it would be a good start to amend, using knowledge that is already available in other words.

Mr. MILLER. You can go into other social service fields, recommending caseloads standards for social workers. I don't think you need a lot of research to figure out that somebody cannot handle 150 cases a month. Just go into a welfare office and ask people whether they can do it. Go to the people who manage the caseloads. Maybe we are on the right track in terms of rewritting the legislation.

I forget who commented, but we are back to the question of whether we have an epidemic. Dr. Shapiro said we simply have raised the veil.

Dr. **Shapiro**. I am uncomfortable with the term epidemic. It comes from the medical profession. I don't think it carries over. All we can say is that there is a lot of it and that we are now more conscious of it. Whether it is an epidemic or not I don't know; it makes it more dramatic somehow if that brings it to your attention, well and good.

Mr. **Miller**. We had a swine flue epidemic of six people and we got $300 million. Dr. Fontana was finding two children a month on the autopsy table. I suggest may be the risk is much higher. My concern will be that your response sort of implied that you have a stagnant situation. His testimony was that you are seeing it increasing because of unemployment, tensions within the family, economic problems, everyday life in America. Would you tend to agree that you have seen it on the increase?

Dr. **Shapiro**. It is really very hard to say because we haven't had good figures in the past. I don't know that we are getting figures now. I don't know that we get very far arguing whether it is an epidemic or not. There is a lot of it and we should be concerned.

Incidentally, while we are on this let me give you one of my pet gripes. We always, when we talk about child abuse, forget that the full title of the act is "Child Abuse and Neglect". We neglect the neglect. Our figures in our study were 60 percent of our parents were defined as neglecting, 40 percent as abusive. The figures I know about it generally show there are about four neglected kids to every one abused child. Yet, our discussion is almost always on abuse. We also have some abuse from neglect and neglecting parents are different breeds, and they probably require different programs.

I think we would do well perhaps to talk a little more about neglect than we sometimes do. It is less dramatic. It is not so obvious. Many more of our children are handicapped by the substandard level of care that is neglected than are by actual physical abuse.

Ms. **Graham**. Again, you have to look at particular jurisdictions. Where you have good, strong reporting laws you will find that the statistics are higher. In the district where we don't have a strong reporting law, actually the statistics for the fiscal year 1976 went down a little in the whole area of child abuse and neglect. That is not to state the problem is any less. I am just saying we are not seeing as may cases reported as we would if we had strong legislation to back this up.

Mr. **Miller**. Is there any among you who would suggest we are not in a position to go out, if we had the funding, and start major replication of successful programs, and successful programs obviously is the key term? If you had a good advisory council you may determine that. We, in fact, could do that because we have seen enough models around the country.

Ms. **Swan**. Sure. In a way it is a form of trial. If you try another one that does not do as well, then it is something you look at.

Mr. Miller. The concern is, at least in the area you represent, that there are local communities that would like to try this, whether it is abuse and neglect, whether it is rape centers or what-have-you, but there is no money. If you could attract some kind of seed money, you could have these programs. Is there disagreement with that?

Obviously I would assume like other services deliveries you would have to guarante more than 1 year.

Ms. Swan. I think it would not do any harm to get some kind of agreement from the State that they are willing to put in some of their money and to see this program go on if it is successful so that it continues.

Mr. Heftel. Is there a consensus that we need initiative in participation out of the local entity, be it the city, the county, the State, aloha way or the United Way agency, and that when you don't have that, Federal funds somehow disappear and we don't see anything coming back?

Ms. Swan. That is right.

Mr. Heftel. That is my main concern in what I hear is being said. The word "epidemic" is perhaps a very unfortunate word. We are going to confuse the issue with that word attached to this issue.

Ms. Whiting. One of the reasons I object to "epidemic" is that the implication of epidemic suggests it is containable, preventable and treatable. Child abuse and neglect that we know it, to use another medical term, endemic; it is something that we have had with us as long as we have had written history of western human society.

Mr. Heftel. It may well be that nothing has changed other than the fact we are more aware, more knowledgeable, more concerned and more willing to be honest about the status of the problem.

Ms. Whiting. Right and wanting to change. To say there is a vaccine that we can develop and inject parents with to prevent abuse and neglect of children, which is implied in the word "epidemic" is something that distracts us from the main purpose of our effort.

Ms. Swan. The more service we can give to the children and home before it becomes a crisis the better we are to locate cases and help them. It is incredible that a lot of sexual abuse gets to that stage before somebody realizes what is happening to the child in his home.

Mr. Heftel. This again takes us back to the local entity from whence must come that awareness and that concern, otherwise there is no place to use the Federal funds in a meaningful manner, from at least what I think I have heard.

Mr. Brademas. Thank you, ladies, very much indeed, for your very helpful testimony.

Our final two witnesses today are Walter Bacigalupo, project director, Children at Risk, Offiice of Children in Massachusetts; and Donald H. Schlosser, acting director, Illinois Department of Children and Family Services.

Again, because of the shortness of time if you could summarize your statement, we will have a chance to put some questions to you. Mr. Bacigalupo.

PANEL NO. 3 PRESENTATION—STATEMENT OF WALTER A. BACIGALUPO, JR., DIRECTOR, PROJECT CHILDREN AT RISK, ABUSE, AND NEGLECT, MASSACHUSETTS OFFICE FOR CHILDREN

Mr. BACIGALUPO. Yes, my name is Walter Bacigalupo. I am director of Project Children At Risk, Abuse and Neglect in the State of Massachusetts. I would like to thank you, Mr. Chairman and members of the committee, for the opportunity to testify here and your staff for assisting me with some information and Mr. Jeffords and his staff.

I am here to express the basis support of Public Law 93-247 and the National Center on Child Abuse and Neglect and to make specific recommendations on the current law and proposed amendments. I am representing commissioners, planners, coordinators, and administrators working in human service departments within each of the six New England States and responsible for the development and improvement of the States' ability to deliver quality protective services.

Attached to the testimony are signed statements of support from the commissioners and/or administrators of human services from Maine, Vermont, Massachusetts, Connecticut, and the New England Resource Center for Protective Services. Due to the shortage of time, New Hampshire and Rhode Island were not able to send signed statements but have voiced their strong support to me personally.

The passage of Public Law 93-247 has helped to develop interest, better understanding and support in the public and private sectors in child abuse and neglect. Funding to the States has enabled the New England States to move to a more thoughtful and responsive approach to the development of protective services.

Since the States have both the ultimate responsibility to protect children from abuse and neglect through the provision of not only protective service but also an array of supportive services and years of direct experience in providing such services, their opinions and experiences are valuable testimony to the continuation of P.L. 93-247.

We offer the following recommendations:

1. The law establishes an Advisory Board on Child Abuse and Neglect which is comprised of representatives of Federal agencies with responsibility for programs and activities related to child abuse and neglect. Two purposes of the Board include assisting the Secretary of Health, Education, and Welfare:

> In coordinating programs and activities related to child abuse and neglect administered or assisted under this Act which such programs and activities administered by the Federal agencies whose respresentatives are members of the Advisory Board.

And:

> The development of Federal standards for child abuse and prevention and treatment programs and projects.

Currently, there is no representation on the Board from the States and in order to enhance the National Center's capacity to define and implement the objectives of P.L. 93-247, some representation from the States on the Advisory Board is imperative.

2. We support the proposed extension through fiscal year 1980 in order for the National Center and the States to achieve the goals set out in the law.

3. We encourage the appropriation of $25 million per fiscal year. Although the National Center has expended $19 million in the past fiscal year, the law provides for an authorization of $25 million. We believe that as more States become eligible for funds and as new demonstration programs are identified, there will be a need for $25 million.

4. We recommend that under section 4(b) that the maximum percentage allowed to the States be increased from 40 percent to 40 percent to enable the States to develop and implement innovative ways to plan, coordinate and deliver services to families and children involved in child abuse and neglect.

5. Some of the funds available from the National Center through its grants to the States and/or demonstration programs should focus on primary prevention. Models that have been developed such as comprehensive emergency services and education for parenthood should be further tested out in various community settings and their results documented and shared nationally.

6. Research in the area of child abuse and neglect should be focused on prevention, replicable in other settings and scrutinized by the National Center, practitioners and others interested and responsible for planning or delivering protective services. The States and others delivering protective services to the larger segment of our population should be encouraged to participate in framing research hypotheses in order to establish at least a potential link between research and practice.

7. We believe that the guardian ad litem required in P.L. 93-247 should not be amended as has been proposed. Forty States have already amended their legislation to include the current notion. The concept is based on considerable case law. The guardian ad litem is an independent representative appointed by the judge and does not have power over property or person. His power ends with a court decision. To amend the guardian ad litem would be a step back from protecting the interest of the child.

Although this is not in the statement, we would also like to see some evaluations of the treatment and demonstration projects that have already gone on so that we could have some idea how effective they have been and whether or not they can be replicable.

There is a growing interest in child abuse and neglect. Yet when the interest pales, the States will still have the responsibility to protect children and help families to develop their strengths. The mechanisms that are developed in this current period of national interest in child abuse and neglect can provide a framework for enlightened, human intervention and treatment or merely provide haphazard and superficial impact. The States have much to learn but also much to give. Our involvement as a full partner with the Federal Government is crucial to children and families.

[The attachments to the statement follow:]

THE COMMONWEALTH OF MASSACHUSETTS,
OFFICE FOR CHILDREN,
Boston, Mass., February 23, 1977.

Representative JOHN BRADEMAS,
Chairman, Subcommittee on Select Education,
Rayburn House Office Building.
Washington, D.C.

DEAR MR. CHAIRMAN: The Massachusetts Office for Children, which is responsible for administering funds from P.L. 93-247, fully supports the enclosed testimony which was developed in consultation with the other New England states. The Office for Children is the coordinating, planning and advocacy agency for children's services in Massachusetts and has worked with the Department of Public Welfare and other Human Services agencies to improve services to abused and neglected children and their families.

The Office for Children would be happy to supply you with any further information you may require for your deliberations.

Sincerely,

JOYCE STROM,
Director.

THE COMMONWEALTH OF MASSACHUSETTS,
DEPARTMENT OF PUBLIC WELFARE,
Boston, Mass., February 22, 1977.

Hon. JOHN BRADEMAS,
Chairman, Subcommittee on Select Education,
U.S. House of Representatives,
Rayburn House Office Building,
Washington, D.C.

DEAR CONGRESSMAN BRADEMAS: As Commissioner of the Massachusetts Department of Public Welfare, the agency responsible for providing protective services to children, I wish to support the enclosed testimony regarding the National Child Abuse Prevention and Treatment Act (PL 93-247).

Our Department has been working closely with the Office for Children to improve our ability to deliver comprehensive protective services to children and their families.

We would like to continue this partnership under the mandate and funding of PL 93-247.

Sincerely,

ALEXANDER E. SHARP,
Commissioner.

Enclosure.

Upon reviewing the attached paper on testimony before the Select Education Sub-Committee, the Social Services Division, Vermont Department of Social and Rehabilitation Services voices its full support to the recommendations outlined in the paper regarding the current law and proposed amendment to PL 93-247.

Sincerely,

ALLEN R. PLOOF,
Director of Social Services.

STATE OF CONNECTICUT,
DEPARTMENT OF CHILDREN AND YOUTH SERVICES,
Hartford, Conn.

I agree to the comments and recommendations indicated in the previous paper containing the New England Regional Testimony on Public Law 93-247.

FRANCIS H. MALONEY,
Commissioner.
DONNA PRESSMA, A.C.S.W.,
Director of Protective and Children's Services.

STATE OF MAINE,
DEPARTMENT OF HUMAN SERVICES,
Augusta, Me., February 14, 1977.

Mr. WALTER BACIGALUPO,
Director, Project Children at Risk: Abuse and Neglect,
Commonwealth of Massachusetts,
Office for Children,
Boston, Mass.

Re: Testimony on P.L. 93-247, Child Abuse and Neglect.

DEAR MR. BACIGALUPO: Thank you for sharing your planned testimony on this bill.

We sincerely hope that your testimony will successfully impact on the able publicity and attention about the problem of child abuse and neglect impacts heavily on the basic child protective services programs administered by the state agencies. We have found that there is a high level of interest in the community and that concerned mandated professionals and a wide variety of other individuals and groups are turning to us for coordination, information, and training.

The state agency has been, and will continue to be, the focal point and the fulcrum for child protective services. The federal program has thus far incited community concern. It now needs to more fully take into account the state agency's role and to support that role. Including the state agencies in planning and expanded access to resources will substantially increase the state agency's ability to provide both the leadership and the services to protect children.

We sincerely hope that your testimony will successfully impact on the Select Education Sub-Committee at the upcoming hearing.

Sincerely,

DAVID E. SMITH,
Commissioner.

NEW ENGLAND RESOURCE CENTER FOR PROTECTIVE SERVICES,
Boston, Mass., February 23, 1977.

Mr. WALTER BACIAGALUPO,
Office of Children,
Boston, MA.

DEAR WALTER: I have read the outline of your testimony to be given for the Select Education Subcommittee on the PL 93-247. I concur and support your recommendation. As you know, the New England Resource Center under a grant from the National Center on Child Abuse and Neglect has been working closely with the six New England states to develop and improve their ability to deliver protective services. Although we have made significant strides and have witnessed an up-grading of services, we also have come to realize the magnitude of the problem and the need for additional resources to properly address the issue of familial violence. The processes which have been put into place to focus attention and to commit resources to the problems of protective services during the last three years must be continued and strengthened in order to provide an elightened framework for humanistic intervention and appropriate treatment. The extension and strengthening of PL 93-247 and the National Center for Abuse and Neglect are certainly a key and a basic step toward maintaining the momentum which now exists.

Sincerely,

STEPHEN LORCH,
Director.

Mr. BRADEMAS. Thank you very much.

STATEMENT OF DONALD H. SCHLOSSER, ACTING DIRECTOR, ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mr. SCHLOSSER. Mr. Chairman and members of the committee, I am pleased to appear before you today in support of extension and expansion of the Child Abuse Prevention and Treatment Act.

The increasing tide of child abuse and neglect no longer permits us to view the problem as a local or state affair. It has become a national problem which demands the attention and concern of all those who believe in the integrity of the American family and the right of children to grow up to be responsible, productive citizens.

Mr. BRADEMAS. I might interrupt at that point to announce that there will be another day of hearings on this measure on March 9, at 9:30 a.m., in room 2175 which is the hearing room of the full Committee on Education and Labor.

Mr. SCHLOSSER. The Illinois Department of Children and Family Services is the only child welfare agency in the country whose director reports directly to the Governor. This is an indication of how important our State considers children's services. Our agency has approximately 2,700 employees working out of some 100 offices throughout the State on an annual budget of $113 million. In addition to child protective services designed to identify and treat problems affecting children at an early stage, the department also provides a full range of child welfare services—family counseling, advocacy, day care, adoption, homemaker services, foster family care, institutional care, and education programs for handicapped youngsters.

Illinois has had a child abuse reporting statute, as have most States since around 1965. The agency I represent is responsible for administering that law and providing appropriate services to abused children and their families. This fiscal year, the agency's central registry will receive approximately 7,700 cases of suspected child abuse and neglect—16 times the amount received during the first year of the law. The increase in reporting has been particularly dramatic since the Illinois law was amended on July 1, 1975, to confirm with guidelines put forth in the national Child Abuse Prevention and Treatment Act—from 2,801 in fiscal 1975 to 6,748 in fiscal 1976.

Federal funds for child abuse programs have been a vital and important adjunct to our agency's child protection program. Since Illinois first became eligible for funds under the Child Abuse Prevention and Treatment Act in January of 1976, the State has received grants or commitments totaling $545,589. These funds have been and will continue to be utilized in a wide variety of ways:

The total revamping and streamlining of the child protection system in Cook County. Our former system in Cook County was geared to handle the relative trickle of cases reported during the early years of the Illinois statute, not the 4,300 reports with which we will be inundated this fiscal year. A State-financed study by the American Humane Association produced findings and recommendations so compelling that immediate major changes were called for. These changes, which included additional staff, operation of a 24-hour hotline to receive emergency calls, intensified training for staff, formation of a child placement reduction team, and centralization of child protection workers in one location—are dependent on Federal funding for their continuation.

Increased staff training and development. The Department received a $65,000 grant from the National Center on Child Abuse and Neglect to field test a training curriculum developed by the National Center. Some 1,100 department employees and staff involved in serving neglected and abused children will be trained as part of the project. Classes began this month and will continue through November. Also, additional legal staff retained with Federal funds will provide staff training in the increasing complexity of State and Federal laws dealing with child abuse and child welfare.

Community involvement. Child abuse is a community problem. The full resources of the community—hospitals, police, schools, churches, social and civic organizations, private agencies, and concerned individuals—must be mobilized into a community network of services to deal with the problem. You have heard that said by many of the people testifying. In May, the department will convene a 3-day statewide conference to consider various community approaches. The tools given to community leaders in these sessions will be augmented by the results of a network development contract with the University of Illinois. This contract is based on a model developed in a 1975–76 project with the University of Illinois, but its continuation—we well as the statewide conference—is being made possible with Federal funding.

In Illinois in the last 2 years we have had a program of State grants to community groups totaling around $700,000 in this fiscal year. It will be increased in the next fiscal year, the Lord and the general assembly willing. We are very heartened by the seed money that we are providing in communities with the idea that local services can be developed and augmented if the stimulus is given and State money is being used in that area.

Another element is improvement of the department's child abuse central registry. The department's child abuse tracking system is currently based on a good, but antiquated manual operation. Grant funds will soon allow us to convert it to a computer-based system, permitting quicker, more accurate recall of statistical information for both program planning and individual cases.

Of course we have done a great deal in community awareness. Federal funds will be used to produce local tie-ins with the community awareness campaign currently being conducted by the National Committee for Prevention of Child Abuse. Grant funds have also made possible the purchase or production of literature and films which have reached hundreds of thousands of Illinois citizens.

In short, the Illinois Department of Children and family Services recommends continued Federal involvement in the battle against child abuse and neglect. Terminating or decreasing that involvement could result in a financial overload in Illinois on the delivery of all child welfare services. That is why we believe the Child Abuse Prevention and Treatment Act should be extended for at least 3 more years. So that States will have greater opportunities and encouragement under the act, we suggest that the proportion of funds for State grants be increased and that there be an increased emphasis and availability of technical assistance to the States.

In Illinois we do have 24-hour around-the-clock response capability to calls involving child abuse and neglect. In our more urban areas, Chicago, East St. Louis and elsewhere we actually have social workers on duty 24 hours, 365 days a year. In other areas they are on call with beepers or at home. We feel that this is a very, very important element of a good statewide protective service program.

Thank you very much.

May I add one other comment? I know time is running late.

The matter of sexual abuse is going to put added demands on State and local agencies. In our State we just finished an excellent legislative inquiry into the problem. The rape study commission came up with some very, very important findings that are going to place added demands on the child protection system in Illinois. I think the added visibility of sexual abuse and what needs to be done about that is going to place added demands on State and local communities and this ought to figure very heavily in the deliberations of the Congressional groups.

Mr. BRADEMAS. Thank you very much, Mr. Schlosser. I am, I must say, encouraged by what you tell me is happening in the State of Illinois. I would hope that other States in the country will follow Illinois' example and invest more State funds in these programs.

I wonder if you could comment on the question I put earlier. Have you any recommendation on the appropriate mix of funds as among research, training, demonstration, prevention and treatment?

Mr. SCHLOSSER. I certainly don't want to downgrade any of the research efforts that are going on but we do suggest that the State grants portion be doubled or tripled in terms of the percentage. The reason is that I do believe that much of the research work that is being done will produce findings that will be valuable to practitioners in the field and State agencies in planning. I think we know a great deal now but our problem in large measure is lack of resources.

In Cook County, in Chicago, under this reorganized system we have we are seeking to go with the element of the emergency caretaker being placed in the home in which children have been abandoned or deserted. I think we are all familiar with the fact that there is too often court intervention and police intervention in cases that could be salvagable without removing the child from the home. The minute the kid is out of the home and pumped into the system he is likely to end up with long-term foster care and be a continuing burden from a variety of standpoints, but most of all a damaged kid.

Therefore, with the Federal funds under this act we are doing some training on emergency caretakers but our problem quite honestly is going to be one of having the funds to employ them and deploy them.

Mr. BRADEMAS. I appreciate that response. I can appreciate your point of view, you have the problem and you want more money. We have just a modest amount of money here. If we just ship it all out to the States there will be almost no money left for the kinds of evaluation, research and inquiry that most witnesses have indicated are important also.

What I fear, too, is that there may be some diminution of effort on the part of the States. I come back to an earlier question. If this problem is as bad as we have been told it is, why aren't States putting more State money into it? It is not as if, after all, the Federal Government had tremendous excess money lying around here and was wondering what to do with it.

Mr. **Schlosser**. If I might comment, I guess the point was not that the efforts or the current mix or the current elements that form the mix be eliminated, but that the law having been in effect, some funds having been allocated and studies having been conducted, now is the time perhaps to look at the priorities and the percentage of that mix in terms of getting the best production for the Federal dollars that indeed are available. I would assume that one tool that the Congress could employ would be some kind of maintenance of effort kind of clause in the legislation that indeed does not permit the State to retrench.

Mr. **Brademas**. I am not so much worried about retrenching as I am about the fact that no trench has yet been made in a lot of States, given that many of them have not even met the criteria under the act.

Mr. **Bacigalupo**. I would like to make a couple comments on that. We in the New England States in discussing the existing legislation and the allocation debated how much of a percentage to ask for. I think we felt that a 20 to 40 percent would be a reasonable increase, would not necessarily distort the kind of priorities that had already been set but would rather take into account issues such as inflation and also the fact that not all the States have been able to comply under the existing legislation.

Some of the States have in fact made increased efforts to provide more funds for child abuse and neglect. I know in Massachusetts last year $1-million of State funds was put up for the area of abuse and neglect and that the Governor has submitted an additional request for $500,000 of contract money and an additional request for 37 new protective service workers.

I also know that Connecticut has gone through some reorganization in an attempt to look at its services and provide more care to children. The use of the money that has come to the States has, I think, provided a great impetus to continue efforts in the area of abuse and neglect. Four, Maine, New Hampshire, Connecticut, Massachusetts, are involved in trying ' . demonstrate comprehensive emergency services as was tested out in Nashville, in that State, and have put money into that. Vermont has been involved in public awareness efforts as a Government Committee on Child Abuse and Neglect. There have been funds provided to workers in the field to be able to purchase services that are needed when they intervene in homes. Certainly we can go into other examples.

The overall funds have been used in New England to really implement new ways and demonstrate ways of impacting on children and families. I think that the majority of the States also feel committed through their own budget to provide services to protective service.

Mr. **Brademas**. Mr. Jeffords.

Mr. **Jeffords**. Thank you, Mr. Bacigalupo for coming here I must say that you have done impressive work in the New England area. I am impressed to see that all six New England States have qualified under the criteria of this act.

I would like to ask you both this question. One sometimes has trouble with terminology but since your area has been doing very well gathering statistical information, I would like your views on the nature of the problem in your states relative to the testimony we have heard that it is an extremely serious problem and is getting more serious. I would like to emphasize the latter part of that.

I realize you just started developing your statistics, and I suppose you would have to look to more objective information than just statistical information. Do you feel it is an increasing problem or has the improvement of reporting and awareness just made the problem more recognizable?

Mr. **Bacigalupo**. In Massachusetts it is true that we have had a problem in really documenting at least in the public sector the actual number of cases that come in. There is an effort in our State to in fact be able to document better. We have seen within the last couple of years a 700 percent increase.

I think that statistics show that at least 6,000 cases have come in. That is not only for the public but we have a children's protective service agency in Massachusetts that contracts with the Department of Public Welfare to provide protective services. I would say there is an increase in Massachusetts and that there is certainly a need for continued services.

I think we have to tie this in with again the whole need to look at not only protective services but also other issues such as unemployment and changes in the kind of role within the family and other ongoing factors within the country and the State. I say there is an increase.

Mr. **Schlosser**. In terms of the incidence of child abuse there is no question but that there is more reported child abuse now than ever before! therefore, more visible child abuse to deal with. Some of our protective services staff would also insist that there tends to be greater severity in individual cases. An interesting footnote to that, however, is the fact that deaths attributable to child abuse in Illinois have not gone up, even with the sophisticated reporting system that we now have.

In the first year of the law, 1965 we had 52 deaths. There was another year, I think last year or the year before, in which we recorded 53. But it has been a curve that has kind of gone up and down but has not shown the steady kind of climb.

I believe personally that this is reflective of the fact that national attention has been directed towards this problem and we have, despite our lack of resources, perhaps a greater ability to deal with it now than ever before.

Mr. **Jeffords**. A final question. You come from areas that have been successful in getting the State to do something. What recommendation can you give us for perhaps changing this act to stimulate the remaining States to get things done?

Mr. **Schlosser**. I frankly don't know that I am qualified. I am not exactly certain what are the sticking points for the 21 States that have not entered into the program. We have had some problem in the early days with some of the provisions around guardian ad litem. There was also a problem around confidentiality of records, which is no problem for a social service agency, but when you are getting legal opinions that extended to some of the records that involved police, law enforcement and so on, I frankly don't know that I feel qualified to respond to that question.

Mr. BACIGALUPO. I feel the same way. I don't know what the level of coordination is between people at the Federal offices of OCD and the individual States but I know our experience has been excellent with the child abuse specialist there in trying to deal with the problems that come up within each individual State and relating that to the legislative changes.

Mr. JEFFORDS. In paragraph seven you talk about a guardian at litem problem. I guess we have not received the same material that you have. I am in the dark on that. Maybe you can give me a minute on what the problem is.

Mr. BACIGALUPO. It was our understanding that some States had a problem with this. We didn't find that particularly true in the New England area. There was a survey of the States indicating that there were provisions provided for guardian ad litem. I will be happy to supply you with that data.

Mr. JEFFORDS. I would appreciate it if you did that because I am unfamiliar with the problem.

Thank you very much.

Mr. BRADEMAS. Thank you, gentlemen, very much indeed.

I want to thank all of our witnesses for taking the time to come and testify and answer our questions.

As the Chair said, we shall next meet on this legislation on the 11th of March at 9:30 in room 2175 of the Rayburn Building.

We are adjourned.

[Whereupon, at 1:05 p.m., the committee adjourned, to reconvene at 9:30 a.m., Friday, March 11, 1977.]

PROPOSED EXTENSION OF THE CHILD ABUSE PREVENTION AND TREATMENT ACT

FRIDAY, MARCH 11, 1977

House of Representatives,
Subcommittee on Select Education of the
Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 9:33 a.m., pursuant to notice, in Room 2175, Rayburn House Office Building, Hon. John Brademas, chairman of the subcommittee, presiding.

Members present: Representatives Brademas, Miller, Kildee and Jeffords.

Staff present: Jack G. Duncan, counsel, Thomas Birch, staff assistant, Thomas Wolanin, deputy staff director, Joan Godley, executive secretary and Valerie Lewis, secretary.

Mr. Brademas. The Subcommittee on Select Education will come to order for the purpose of hearings on the operation of programs authorized by the Child Abuse Prevention and Treatment Act and on proposals to extend that legislation.

At the hearing on February 25, 1977 before the subcommittee on the subject of the child abuse legislation, we heard witnesses representing private and public agencies and institutions and local projects working in the child abuse prevention and treatment field. They attested to the importance of the Federal effort to support child abuse programs, and uniformly recommended extension of the law.

However, witnesses at that hearing were also critical of the administration of the National Center on Child Abuse and Neglect in the Department of Health, Education, and Welfare.

This morning, we will be receiving testimony from the Assistant Secretary-nominee for Human Development in the Department of Health, Education, and Welfare, Arabella Martinez, and I hope she will address the questions which were raised at our recent hearing.

We are pleased today, as well, to have as witnesses, Lenore Lapicki, from the Parents Anonymous organization in Baltimore, Md.; Dr. Edward Zigler, former director of the Office of Child Development and one who has been long a leading advocate for children in this country; and Harold Rosenthal, director of the Division of Youth and Family Services for the State of New Jersey.

Mrs. Lapicki, shall we begin with you?

STATEMENT OF LENORE LAPICKI, REPRESENTING PARENTS ANONYMOUS, BALTIMORE, MD.

Mrs. **Lapicki.** I have to start off by saying I am really nervous.

Mr. **Brademas.** Do not be nervous at all.

Mrs. **Lapicki.** I am Lee Lapicki and I kind of really do not know why I am here so I will just do my regular thing and just speak to you, if I can. I want to talk to you about what it is like to be an abusive parent, but before I get to that I would like to talk about what it is like to be an abused child and how they kind of relate to one another.

As a child, I had always been taught to suppress an awful lot of feeling other than fear, emotions—negative emotions, as we call them, sadness had an awful lot of limits. It is kind of impossible to have these weaknesses, as my parents so nicely called them, and control them without having some kind of outcome.

By the time I was 14 years old, I had developed a spastic colon, my sister was a few years older than myself and she had eczema. We had a lot of signs that, hey, something is wrong here; we were all mini-Jacki Onassises, and it was very difficult.

What happened was I had never really been given a great deal of responsibilities in growing up. I never had to learn how to handle problems or stress. Things were always taken care of by my father and then were just kind of handed to me.

I was taught that when you are in trouble, when you do have something to deal with, you deal with it by yourself in your room and I was never taught how to share, dump, or relate to others, asking for help.

I guess that is kind of a simple example. I do not want to get into the whole big thing of what it was like with a lot of controls on my life as a child but I was very frustrated.

I remember the feeling I always had, to tell my parents to get some kind of help, to let them know what I was feeling. I remember I had gone to the Mother Superior in the school I had gone to and spoken to her and really started letting some stuff out.

She came and spoke to my father; the result of that was to get a nice whipping for having brought my problems outside of the family. As time passed, I grew to be a parent; about 3 years ago I moved to Maryland from Syracuse, N.Y.

I felt pretty isolated. We moved in the wintertime. You know, you do not get to meet all your neighbors in the winter; people hibernate in the winter. We had gone into debt to purchase our home; you had to come up with quite a large down-payment several years ago.

We started out in Maryland in debt and after a few months my husband lost his job. We were having an awful lot of pressure, the phone was being disconnected, lights were being turned, it was just constantly, where's the money, where's the money?

While I was going through this money problem, I was also trying to find a pediatric allergist who would continue administering some injections to my children and I was under a lot of stress of trying to find—most of them wanted to retest the kids and I did not want the children to go through it.

There was money involved and there was more stress. My sister also was divorcing her husband; my father was dying. I really kind of panicked when I found out my father was dying of cancer because he was my support system at this time. He was the person that always gave me all my answers.

He was always the tower of strength and somehow, cancer has a way of taking the strength away and I watched him die. I was unable to cope with my kids with a lot of the stress, the phones, the moneys, the allergies.

My kids were throwing up phlegm constantly; they are asthmatic. There was all this stuff going around and I just felt I could not cope with the kids. I did not even know how to deal with stress; I never had it before and I did not know what to do.

I did not want to raise my children the way my parents had raised me and I had made a promise that I would not do that. I knew what not to do but I did not know what to do. I could not cope with this possibility of being a failure.

It was a lot of stress. I started yelling a lot and belittling the children. You would look at their room and they were filthy slobs because the room was such a wreck.

I remember speaking to the pediatrician at one point and was giving him some warning signs, talking about not knowing what to do, feeling frustrated. He just did not pick up any of these signs. It was like he was in his own little world.

I remember one day I was up at the top of the stairs; I was having a fight with my oldest child and it is kind of difficult to talk about. I really do not remember what we were fighting about.

It was like he was yelling and I was yelling and it was like a fog rolled down and I could not hear him anymore. I did not hear his voice; I just heard this constant yelling and the feeling was, my God, my world is crumbling all around me, layoff, just give me room, let me by myself and figure out where I am coming from.

I focused on the stairs and the feelings, the fantascies were if I just push him, I can push him out of my life and I can get a break. To me, that was very crucial, I just could not believe I could get to that point where I would want to push a child down the stairs just because I did not know what else to do.

I had gone to the phone book, I looked up a social service agency. I went there and sat down and talked to the social worker there and I started spilling, I started talking about what was going on and the only thing she could say to me was, Mrs. Lapicki, you need a vacation.

You could say that she felt for me, but her advice was, take a vacation. Christ, I could not even pay a phone bill and I'm supposed to take a vacation? I felt absolutely that is it, I knew of nothing out there. I did not know what to do.

I was absolutely alone; I felt I was a total failure as a parent.

I came home, turned on the television, my escape. There was a program on called Parents Anonymous. This woman was talking about her feelings of not being able to cope with her kid. She was just talking about what I was feeling. It really hit home.

Right after the program, I ran to the phone, they have a national hotline, a WATTS line; I called them up and hooked up with an abusive parent and that was it. That was the first contact with anybody who heard me, who knew what I was saying, who did not have to judge me or think I was some kind of horrible because I was not able to cope with what was going on.

I will tell you, I bawled my eyes out. It was the most beautiful feeling to talk to somebody who listened. She also gave me the name of a social worker in Baltimore who had expressed a desire to start a PA chapter, we did not have any in Maryland.

I was a little wary. My one and only dealing with a social worker did not work too well, but I called her. I met her; she was my immediate strength. She and I together, I felt we could do just about anything.

We decided to get PA started. We went on television. We really did not know what Parents Anonymous was about quite yet, other than the conversations we had had with the national headquarters office.

We went on TV and told our story and I remember it was about 2 years ago, we were really nervous as to who was going to show up, what was it going to be like?

The night of our meeting, we had quite a mixture of people there; we had blacks and whites, one was like 19 and another was 45, people with sixth grade educations, masters degrees, some on welfare or very wealthy, quite a mixture.

The blend was beautiful. The first meeting that we had was very much like a story, getting to know each other, talking. It was really beautiful. It was a very warm type of meeting. I know it went on quite a bit longer than it should have. She and I had kicked them out about midnight.

We cleaned up the place, went outside—it was raining that Thursday night—and here were all 10 parents standing out there with their umbrellas. They could not break that first contact, it was really quite nice.

From there, we got down to the purpose of why are we here, what is Parents Anonymous, what are we doing and basically we are here because we want to stop the abuse and we want to stop it now.

We are not going to sit there and talk about what our children are doing or how our plants are nurturing themselves, how our dog is doing, chewing up shoes; we are there to talk about our feelings, our inadequacies as parents and how we must change our behavior towards our children.

We do this in many different ways. I think the best is peer pressure. To use an example, one of our members, week after week was coming in with increased problems at home. Every week it was getting worse and worse.

The members of PA said, look, this just cannot continue. She was under a great deal of stress. After several hours of just sitting there talking to her, we were able to convince her that the best answer was to refer herself to social services to temporarily place her child in foster care and get a break.

It had gotten to the point where that looked like the only possible solution. The next day she just did that.

Each group has a volunteer professional and this volunteer professional, along with several members of PA, went along with this woman to protective services and placed her child in foster care.

We also had hotline which I guess operates on the "I will be there for you because I know that one day I will need you and I want you to be there for me".

We offer suggestions to possible alternatives, to present behavior, how to break this abuse cycle, little things. For me, I have a tendency to be very verbal; it is difficult to run away from your mouth. It is there; it is very quick to respond.

I used to wear this big, huge heavy metal whistle which looks funny and people always ask you but it is a crutch. Whenever I get really upset or when my kids are in there yelling and screaming, I did not want to go in and yell and scream at them, I picked up my whistle, plugged my ears, said hold your ears and I would blow the whistle.

It broke my habit because I really felt that verbal assualt day in and day out was just a habit. I did not know how to break it. This was one of the kind of things that we offer each other.

We offer each other support while we are trying out all of these things. We are like the team behind you; you are doing it yourself, you are changing yourself. You are helping yourself get your act together and we are there supporting you all the way.

In the beginning, Parents Anonymous did not really have much of a relationship with protective services. I think they were very much afraid of who we were, what we stood for and after the 2 years we have been in Maryland, alone, we get an awful lot of referrals from protective services, we do a lot of referring to them.

There is a lot of interagency communication. That is great because Parents Anonymous is not going to do it alone; it is not going to help people all by themselves. We have to use all of the helping systems that are out there.

I know that in other States, there are some social services that are using Federal funds from the National Center for Child Abuse to help fund Parents Anonymous. I do know that 3 years ago nationally, there were like 60 chapters of Parents Anonymous.

With funding, they had hoped to be able to grow this number to maybe 200. Three years later, there are over 600 chapters which would be like over 6,000 parents in Parents Anonymous. In Maryland, we were having our problems in growing; we needed some help.

The sponsor to my group had told me about a federally funded or actually funded by the National Center project that would give some money to organizations like Parents Anonymous. We were able to get some funding in Maryland.

One of the major reasons I wanted to get this funding was to get some publicity in the phone book. I cannot tell you how many months I tried to convince the phone company that my first name was Parents and my last name was Anonymous; they would not buy it. I could not get a PA listing in the phone book unless I converted to a business phone.

Everything took money and I was so sick of money. I had taken a survey, after we were able to get our funding and get our listing in the phone book, in Maryland, last June. There were six chapters at that time.

I had found out that in what I will call our crisis support nineline, we received 430 calls a week. If you put that over a 1-year period, I'd like to look at that naturally as over 22,000 fewer attacks on children per year. I feel that is very impressive.

That I guess, brings me to today. I have to be extremely honest; I really do not know anything about the Mondale—about the act; I do not know anything about these hearings.

I really do not know anything about the National Center. I do not deal with child abuse on that level but I do know what it feels like to be alone and to be desperate and in need of help, and not know where to go or to even be afraid to go out and ask someone to help you.

To me, the National Center for Child Abuse, is a place that has demonstrated its support to parents and to the children, all of them victims, if you will, of child abuse. I do not know anything about how bureaucracies work but I know that the National Center is the support system behind my support system which is the National Headquarters in California.

Federal funds have made it possible for thousands of parents to have an alternative isolation end to abuse, one that is voluntary and one without stigma, abusing parents really feel that they are continuing to show that we can help ourselves but not without support.

To me, dealing with PA in Maryland and PA nationally, support means money. Without continued funding, the national headquarters is going to lose the support of staff. It will also lose its national hotline whch is the only hookup between potential members and help.

I do not know what I can say to you to convince all of you of the importance of the National Center for Child Abuse to parents. I can only speak as a consumer of some of the services that were made possible by the center.

As someone whose children are safer and healthier today because there is a Federal support system that stands behind parents, I am afraid that there are going to be some people that may get up here and criticize that system.

I am speaking as someone who knows that it is working. I ask you to see that it continues to help. Thank you.

Mr. KILDEE. Thank you very much, Mrs. Lapicki. Your candor has helped me get a deeper insight into this problem. I appreciate that very much personally. Are there questions?

Mr. JEFFORDS. I would like to know the extent of your funding from the Federal Government for Parents Anonymous? Can you tell me what you got from the Federal Government for funds in Maryland and do you know what they got nationally?

Mrs. **Lapicki.** I do not know what they got nationally. In Maryland, we got $6,000 as a startup.

Mr. **Jeffords.** What is your total budget for Parents Anonymous in Maryland?

Mrs. **Lapicki.** That is it.

Mr. **Jeffords.** So all of the money that you have is from the Federal Government?

Mrs. **Lapicki.** Yes.

Mr. **Jeffords.** What did you do to get the funding?

Mrs. **Lapicki.** I wrote a proposal to the project, the research project. I just told them basically what I wanted to do, what I felt was needed, speaking as a parent. I gave it to them and they gave me the money.

It was not that simple, somehow.

Mr. **Jeffords.** It sounds awfully simple now but I am sure it was not when you tried to get it. How did you spend the money; what did it go for?

Mrs. **Lapicki.** We developed a lot of services for the parents. We developed, besides our model crisis line with the telephone lines, which I think the major portion of the money was for that, we developed—first of all, I made money available for me to travel statewide to get new Parents Anonymous chapters started. I needed some reimbursement for gas, milage.

We set up a parenting library, how-to parent books. We started getting training for our existing sponsors in group dynamics. We have developed monthly meetings. Basically it was to organize, to begin, the startup, the supplies that are needed to organize, organization.

Mr. **Jeffords.** What technical assistance did you get from the center?

Mrs. **Lapicki.** From the center?

Mr. **Jeffords.** From Washington.

Mrs. **Lapicki.** Besides the Federal funds which came from there, just support, phone support, I could call if i had any problems, they were always there. There was someone I could talk to. I could call the national headquarters.

The national center and I are linked kind of like indirectly. I relate closer to the national headquarters in California who is connected with the national center. It is a nice little triangle but they are there for me if I call them and say help.

Mr. **Jeffords.** Can you give us any idea as to how successful this telephone link is in preventing abuse? How many people call you over the phone? Do the people that call generally come to these therapy sessions?

Do you feel that overall they are successful? What percentage of those who call end up going to therapy sessions and continue to work with you?

Mrs. **Lapicki.** The good majority, I would say. Just to be modest, I will say 75 percent but I would like to say 90, the majority of the people that call. You see, first of all, they have recognized their own need; it is voluntary, so it makes it easier.

They are calling us, they are saying, hey, I have a problem; I cannot cope so they want some help. They call, the majority of them will come. It is extremely effective, especially as a preventive measure.

Why wait until there is a problem before you can get some help? Deal with some of the feelings that are going on now.

Mr. **Jeffords.** Can you tell me, with respect to your present budget and with respect to the needs for funding, what do you need, in addition to what you presently have, to effectively operate in Maryland?

Mrs. **Lapicki.** Money.

Mr. **Jeffords.** How much?

Mrs. **Lapicki.** I just wrote another proposal. I would like to be salaried; I am doing a great deal of work and would like a salary to help me. I really do not know how to answer that, what else I need. I need to develop the services further, to spread out further within the State, more consultations, more training sessions for parents, more basically of what we are starting with.

Mr. **Jeffords.** You said you had a new proposal; what are you asking for now?

Mrs. **Lapicki.** $30,000; that to me is a fortune.

Mr. **Jeffords.** In considering your own organization and the approach that you have taken, do you feel that the Federal Government should put more money into work in the communities rather than research on the national level?

Mr. **Lapicki.** Yes; I do, most definitely.

Mr. **Jeffords.** Thank you.

Mr. **Kildee.** Mrs. Lapicki, there is psychological abuse of children and physical abuse of children. What percentage of the people who come to Parents Anonymous are in that prephysical abuse where they recognize that they maybe are abusing their children by their actions or language but have not yet physically abused the children?

Do you have any idea what percentage are coming there prior to actual physical abuse because they realize the relationship or the attitude they have is abusive of the child?

Mrs. **Lapicki.** I will tell you, after I have done some public relations work, that percentage is qute high. I will touch a spark and someone will say oh, my, I realize where I am coming from.

I would say almost—I do not really know numbers; everything is popping into my mind, a quarter, a half, I don't have any idea. Don't write that down.

Mr. **Kildee.** The point I am trying to get in my own mind is there are probably a number of parents, I would think that maybe when they know the service is available, before actual physical abuse, they realize the need for some help. You do find parents like this?

Mrs. **Lapicki.** Definitely. After public relations, you see, now all of my answers are coming to your previous questions, these delayed reactions, like in our proposal. We are going to be having staff people for the first time; it would be three or four salaries.

We are going to be doing an awful lot of public relations; public advertising, a lot of, hey, we are here, this is what we are. That is when you reach parents before they are really in deep.

Mr. **KILDEE.** Thank you very much.

Mr. **JEFFORDS.** I just have one addtiional question. We had some testimony this past week about sexual abuse but we have been primarily talking about physical or verbal abuse. Does your organization have any contact or receive contact from people who sexually abuse their children as well?

Mrs. **LAPICKI.** Yes, we do.

Mr. **JEFFORDS.** What portion of your calls are relative to sexual abuse?

Mrs. **LAPICKI.** Calls, none. I can honestly say I have never received a call to this day where somebody calls up and says, hi, I'm sexually abusing my child. I am glad I never have.

What is happening is our membership, the longer they stay in the group, the more evidence there is coming out about sexual abuse that is going on. Right now, I feel that they kind of have to build trust first.

We do have sexual abusers that are talking more freely about what is going on and again, I cannot tell you how large a number that is but I can say this. An awful lot of the parents had been abused sexually as children and that comes out a bit easier than those who are still sexually abusing children.

Mr. **JEFFORDS.** Would you say it is a significant proportion?

Mrs. **LAPICKI.** No.

Mr. **JEFFORDS.** I would also like to ask you about neglect of children rather than actual abuse. Are your calls also from people who are neglecting their children?

Mrs. **LAPICKI.** Yes.

Mr. **JEFFORDS.** Again, can you tell me what percentage?

Mrs. **LAPICKI.** You and your numbers.

Mr. **JEFFORDS.** I realize you cannot give me an accurate percentage, but is that percentage a large portion of your calls?

Mrs. **LAPICKI.** Yes, the funny part—or the sad part is that many of the members or potential members do not really recognize when they are neglecting. Most neglect is through ignorance, a lot of it. They do not recognize.

As we get into peer groups, they recognize more and more, yeah, you're right, I really do neglect my kids. I am there with them but they are in another room. I find, and I can answer this, there is an awful lot of neglectful parents that really do not realize that they are neglectful.

Mr. **JEFFORDS.** Thank you.

Mr. **KILDEE.** Let me just ask you this question. Aside from directly abusing children, do you counsel these parents with whom you meet, who are in the prephysical abuse stage but are looking for help—are crying out for help. Do you do much to help them establish a relationship with their children where their children are told that they are loved?

What I find in many families is that there really is not an expression of love and people, if they do not know they are loved and that they are lovable, find it very difficult to love others.

Mrs. Lapicki. That is right.

Mr. Kildee. When I was in the State legislature, I used to visit our State prison fairly regularly. I used to conclude, not on a scientific basis, but just in talking to the prisoners, that many, if not most of them, did not have a healthy love for themselves and, therefore, found it very difficult to love or respect other people.

I am wondering what a group like yours, can do to encourage parents to express the fact that they love their children.

I have three children and when I put them to bed at night, I will say, Daddy loves you and occasionally I will say, why do I love you? and they will say because I am David, Laura, or Paul. I think it is very important they know they are loved by their parents.

I think if they realize that they are lovable, the likelihood of their loving and respecting other people is greatly enhanced. Do you and your Parents Anonymous encourage that?

Mrs. Lapicki. That is our PA meeting while we are confronting, while we are saying how we react to what is going on there is an awful lot of tenderness, nurturing, and love. So many of us do not know how to reach out, want to so badly and are so afraid, as in my instance, leaning on you when I need you is a sign of weakness, if I cry you will reject me. It has happened for 29 years.

This is our growing period. Growing is hard, it is painful. Grow is such a simple word but somehow when you are going to grow you are going to change something. That is tough; that is really hard.

We do learn to reach out to one another; there are enough people that it is a safe atmosphere. We will learn; we will experience; we will go from here to trusting one person to trusting another until we feel so good about ourselves that yes, we can show our children that we love them; that they are good to love.

It is just like looking at yourself as a potbellied stove. If nobody is putting in the coal, the fire is going to go out. You cannot give out warmth if nobody is feeding you love. I agree with you completely.

Mr. Kildee. Thank you very much.

Mr. Brademas. Mrs. Lapicki, I have no questions but I want to join my colleagues in thanking you for your extremely interesting testimony.

Mrs. Lapicki. Thank you.

Mr. Brademas. I appreciate it very much. Thank you. Our next witness is Dr. Edward Zigler of Yale University. Dr. Zigler is formerly director of the Office of Child Development and is an old friend of the subcommittee.

We are very pleased to welcome him before us today. Dr. Zigler, nice to see you again, sir.

STATEMENT OF EDWARD ZIGLER, YALE UNIVERSITY, NEW HAVEN, CONN.

Mr. Zigler. Thank you, Mr. Chairman. I am grateful for the opportunity to testify before this distinguished committee. I am a Professor at Yale University. My concern in this area and my work in this area is about of 20 years duration now so I have been living with the problem of child abuse, analyzing it, studying it, working with it for a good number of years.

I would also like to think of myself, not only as a researcher and an analyzer, but as something of a social activist. I was our Nation's first director of the Office of Child Development and I am a former chief of the U.S. Children's Bureau.

I have been in communication with the staff of this committee and sent them a very longish paper, perhaps a little too pro in which I analyzed the child abuse problem in America and came to the conclusion that I do not have very high hopes that the bill under discussion will have a very sizable impact on the incidents of child abuse in America.

The testimony I will give today is actually a cutout few pages of something on the order of a 100 page analysis which I had made available to the committee. Given the absolutely primitive nature of knowledge in the child abuse field, I think the Center for Child Abuse and Neglect at OCB would be performing a valuable service if it would continuously collect reliable data on the incidents of child abuse.

It is disastrous to have to write bills and mount social action programs about a program the size of which we do not know. The best figures I have been able to come up with are somewhere between 200,000 and 4 million cases a year so most of us can do little better than use as our approximation the 1 million figure that is used by the Center for Child Abuse.

I do not have great confidence in that figure. There has been much discussion in the social science area concerning social indicators.

I would propose the incidence of child abuse in our society as one such important social indicator. As evident in the fact that we do not even know how many children suffer abuse each year, there is general agreement that our knowledge concerning child abuse remains primitive and rudimentary.

I believe that there is a logical relation between the knowledge base in an area and the ability of workers in that area to mount effective interventions. I feel that the knowledge base in the child abuse area is much too limited to direct us to any socially acceptable and realistic interventions of far-reaching effectiveness.

I am thus greatly troubled by the restrictions placed on research funding in the Child Abuse Prevention and Treatment Act of 1974. Although the research money provided in this act is much too small to fund the development of the knowledge base that is the prerequisite to cost-effective interventions.

I would therefore call upon the National Center on Child Abuse and Neglect to use its pivotal position in HEW to lead a coordinated research effort in which the funds of several HEW agencies, that is, NICHD, NIMH, and OE, are used to support research in the area of child abuse.

OCD has played such a successful coordinating role around the issue of early childhood education. It could and should do the same for the area of child abuse. I would like to point out to this committee that I made this plea at the National Child Abuse Conference in Atlanta about a year ago.

Nothing has occurred, so far as I am concerned, you have simply lost a year in trying to get a research effort going that would give us the answers to some of these questions that have been posed here already this morning.

I must add that it would be absurd to delay action until the last bit of scientific evidence is in. Poor though our knowledge base might be, we already know more about effective intervention than we are implementing in our social action efforts.

At this level the problem is less one of inadequate knowledge than of our society's lack of resolve and commitment of resources to services known to be effective in at least reducing the incidence of child abuse.

Primitive though the work in the child abuse area may be, some tentative information does emerge which could help us to develop effective interventions.

For example there is convincing evidence that an unemployed father in the home is associated with a higher incidence of child abuse. Thus if our Nation really would like to decrease the incidence of child abuse, it should pursue a policy which would provide employment for those who want it.

Here is one reason why I must confess that I am pessimistic concerning our Nation's commitment to reducing the incidence of child abuse. How can I be sanguine when I see a calculated Government policy which allows a relatively high national unemployment rate?

Of course, it could be argued that a high unemployment rate is the cost we must pay to reduce inflation, and since inflation may also be detrimental to family life, this concern must have priority over the concern of unemployment.

In terms of implications for effective intervention, another important finding is that abusing parents often have unrealistic expectations about what behavior their children are capable of and/or a general lack of knowledge concerning the development of children.

It thus appears that anything we can do to teach the general population about child care and the normal course of child development would be helpful in reducing child abuse.

I endorse the suggestion of many workers that our Nation commit itself to teaching parents how to be parents, with courses on parenthood becoming part of the curriculum of every high school in America.

A model of such an effort is the education for parenthood program mounted jointly by OCD and OE, and this program should be greatly expanded to reach all students.

Another finding is the repeated report that premature children experience a heightened incidence of child abuse. We need await no lengthy program of research to assert that we can reduce the incidence of child abuse in America if we were willing to mount a national effort to reduce the incidence of premature births.

One would want to do this for many reasons in addition to its impact on the incidence of child abuse. Yet I do not see any great national concern nor any massive intervention effort dealing with the problem of prematurity.

While we already know how to markedly reduce the incidence of prematurity, what is lacking is the resolve and the commitment of the required resources.

There are several other areas where some effort might have particularly high payoff in terms of reducing the incidence of child abuse.

In view of the finding that abused children are often the product of an unwanted pregnancy, programs directed towards family planning should be effective in reducing child abuse.

Another feature of a social support system which would have a direct and immediate effect on the reduction of child abuse is homemaker services, which could aid in the child-rearing function of families who are experiencing difficulties.

A logical consensus has developed that the incidence of child abuse could also be reduced if parents could more readily avail themselves of child care of various kinds. Unfortunately our society appears to be extremely reluctant to provide the child care that so many American families need desperately.

How guilty are we all of child abuse when we are willing to countenance a situation where 1,800,000 children in this Nation—those children are victims of child abuse. What we need is a day care system that will provide the kind of care that children need and the kind of support services that their families need.

As the preceding suggestions might indicate, I believe that the control of child abuse is much more likely to come from efforts to beef up our Nation's general social service programs than it will come from efforts specifically directed against child abuse.

The issues I have touched upon as related to child abuse, particularly those concerning unemployment-inflation and the lack of quality day care, lead me to urge that we consider the health of families as a variable in the cost-benefit equations that lead our national Government to pursue one course of action rather than another.

We have no explicit family policy in America, and we have yet to begin the critical task of determining the impact on families of the policies implemented by our political leaders.

My reading of the child abuse literature is that the single overriding factor in determining whether a child will experience abuse is the viability and strength of the child's family.

How can our Nation control child abuse if it currently is not even taking into consideration the strength of America's families and how a variety of social policies influence this strength?

There are some who would argue that I am taking the wrong track in singling out social factors which contribute to the incidence of child abuse. They would view child abuse as an individual, pathological phenomenon and select psychiatric intervention as the treatment of choice.

I personally believe that the ultimate model to be developed for explaining child abuse will be an interactive one in which the child abuser will be conceptualized as a part of a family which is itself embedded in the social, economic, and political realities of the family's ecology.

My colleagues, Urie Bronfenbrenner and Julius Richmond have convinced me that efforts which do nothing to improve the ecological system impacting on child abuse will be ineffective.

But if child abuse is in large part caused by general ecological factors, I again have no choice but to be pessimistic about our society's determination to control child abuse. Our society has taken some tentative steps to correct environmental pollution.

It has done precious little to correct the social pollution of many American ecologies. It is exactly this polluted ecology that drives many parents to child abuse. So long as we attend only to the symptom of child abuse and engage in the tokenistic efforts flowing from this narrow concern, so long can we avoid dealing with its underlying social determinants which would be much more costly to correct.

This issue of treating symptoms rather than causes is related to the primary vs. secondary prevention of child abuse issue. Primary prevention refers to the prevention of physical abuse before it occurs, while secondary prevention is after-the-fact intervention.

My reading of the current social scene is that our society is willing to engage in secondary prevention but is almost totally disinterested in primary prevention.

Scanning the ecology for factors bearing upon the incidence of child abuse would lead me to conclude that primary prevention of this problem would be impossible without a revamping of certain social and institutional habits.

For example, undoubtedly the single most important determinant of child abuse in this country is the willingness of adults to inflict corporal punishment upon children in the name of discipline.

I add my voice to those of many others and assert that so long as corporal punishment is accepted as a method of disciplining children, just so long will we have child abuse in our country.

Our society not only approves of but engages in the physical abuse of children. The highest repository of society's values, namely Government, sets a very poor example in its treatment of children who reside in settings funded with taxpayer's dollars.

I refer here to the well-documented abuse and neglect of children occurring in institutions for the retarded, hospital settings for emotionally disturbed children, and within our Nation's day care system.

The legally and socially sanctioned abuse of children may also be found in that social institution which, after the family, is the most important socializing agent in America, namely the school.

The school is an important institution in the family's ecology, and its practices not only reflect the values of America's families but also influence the development of familial attitudes and practices.

If you wish to decrease the incidence of child abuse in America, make it illegal for school personnel to apply corporal punishment against school children under any circumstances.

In this regard I am troubled by the Supreme Court's recent decision upholding the right of school personnel to physically punish children. As a result of the example such punishment sets, it makes much more likely the abuse of children in the home, where the more severe forms of child abuse currently take place.

The foregoing analysis leads me to conclude that we will make little progress over the next few years in reducing the incidence of child abuse. We simply do not have the knowledge and resources to deal very effectively, with even the symptomatic treatment of child abuse in our society.

I even find myself conflicted about the value of the Child Abuse Prevention and Treatment Act of 1974. The bill provides too little in the way of resources and direction for us to make any significant impact on our child abuse incidence figures.

We cannot legislate away major social problems like child abuse with a single bill. Social change is produced not by the stroke of a pen but by intensive and persistent efforts to change the human ecology within which the social target is embedded.

Laws such as the Child Abuse Act do little more than give us a false sense of security. Such tokenistic efforts give the appearance that something meaningful has been done and thus interferes with the mounting of truly effective measures.

A $20 million bill to fight child abuse in America amounts to little more than putting a band-aid on a cancer. However, given the current fiscal austerity in our Nation, I am afraid for the time being that child abuse will have to take its place alongside lead paint poisoning as another problem which our society has neither the commitment nor the resources to solve.

I must confess that I am surprised at the depth of my pessimism concerning our Nation's ability to reduce the incidence of child abuse. This pessimism should not be misinterpreted as some sort of a plea for adopting a stance of apathy or inaction.

There is much that could and should be done in this area including one, an invigorated research and data collection program; two, increased efforts in the family planning area; three, the widespread implementation of education for parenthood programs; four, a massive effort to reduce the number of premature births in America; fifth, an increase in the availability of homemaker services; and six, the immediate increase in the availability of child care in America.

Finally and perhaps most importantly, we will need a willingness to examine our society's value system and a commitment to reduce the acceptability of man's violence to man, of which child abuse is but one manifestation.

Allow me to conclude with two rhetorical questions. Do I think that this act should be extended? Yes, I do. Do I think that it will have a great beneficial impact on the child abuse problem? No, I do not.

Its primary benefit lies in calling attention to the problem of child abuse. This is valuable since no one tries to solve a problem until there is a real sense that a problem exists.

I wish to leave the committee with a final concern. I think I would hate to see this bill become part of the problem rather than part of the solution. I am troubled by State laws that we now have concerning reporting which is precipitated in large part, why they cannot get the money you talk about in your bill, until they meet certain aspects in State law concerning reporting.

I am already encountering too many people being reported; I am concerned about the civil rights issue in this area. I have been involved in Massachusetts, as an example, where they have a category called potential child abusers.

We are finding people's names being put on lists; they find themselves in a Kafkaesque situation, saying what did I do? They do not know but if the law says, if they are potential child abusers, their names get on the list.

I do not know what good it does to put people's names on the list in the first place. The Center for Child Abuse would like to do something that I think is very valuable, let them take 50 continuous names off one of these State lists and examine what happens to those people, do they get services or do we simply add to their alienation by saying, hey you are a bad person whose name belongs on a list.

There are people in our country going around taking names. I am now saying child abuse is the only instance that I know of where you are considered guilty until you are proven innocent. I am asking this committee to do all it can to protect our citizens from the zeal and excesses in reporting that I now see at the State level.

I would like to see a model State law concerning reporting practices but I would also ask you to make sure that that law is looked at very closely by the American Civil Liberties Union to make sure that we do not lose some of our precious freedoms in the heat and emotion of dealing with a problem like child abuse.

Thank you, Mr. Chairman for your patience.

[Prepared statement of Edward Zigler follows:]

PREPARED STATEMENT OF EDWARD ZIGLER, YALE UNIVERSITY, NEW HAVEN, CONN.

There are many people who believe that child abuse takes place too rarely to constitute a major social problem. Yet to me the fact that I am speaking to you on this topic today would indicate the existence of a national problem of child abuse. The real question concerns the magnitude of the problem, and for this we have no very reliable data. Even if we did, however, the severity of the child abuse problem would still have to be judged on the basis of either absolute or relative numbers. Certainly one can point to other negative events experienced by children such as falls which occur more frequently than does child abuse. Thus speaking relatively, one can argue that child abuse is not as large a problem as are childhood accidents. In my view such a relative approach to the designation of social problems has serious dangers. Taken to its extreme, the comparative approach would lead to total inaction in most of those problem areas in which child advocates are currently working to improve the status of America's children. I therefore support the absolute approach to the problem of child abuse and argue that whether there are one-thousand or one-million abused children, child abuse constitutes a real social problem that merits our society's concern and intervention.

I should note that I think the Center for Child Abuse and Neglect at OCD would be performing a valuable service if it would continuously collect reliable data on the incidence of child abuse. There has been much discussion in the social science area concerning social indicators. I would propose the incidence of child abuse in our society as one such important social indicator.

As evident in the fact that we do not even know how many children suffer abuse each year, there is general agreement that our knowledge concerning child abuse remains primitive and rudimentary. I believe that there is a logical relation between the knowledge base in an area and the ability of workers in that area to mount effective interventions. Stated most boldly, I feel that the knowledge base in the child abuse area is much too limited to direct us to any socially acceptable and realistic interventions of far-reaching effectiveness. I am thus greatly troubled by the restrictions placed on research funding in the Child Abuse Prevention and Treatment Act of 1974. Although the research money provided in this Act is much too small to fund the development of the knowledge base that is the prerequisite for cost-effective interventions. I would therefore call upon the National Center on Child Abuse and Neglect to use its pivotal position in HEW to lead a coordinated research effort in which the funds of several HEW agencies (e.g., NICHD, NIMH, and OE) are used to support research in the area of child abuse. OCD has played such a successful coordinating role around the issue of early childhood education. It could and should do the same for the area of child abuse.

I must add that it would be absurd to delay action until the last bit of scientific evidence is in. Poor though our knowledge base might be, we already know more about effective intervention that we are implementing in our social action efforts. At this level the problem is less one of inadequate knowledge than of our society's lack of resolve and commitment of resources to services known to be effective in at least reducing the incidence of child abuse.

Primitive though the work in the child abuse area may be, some tentative information does emerge which could help us to develop effective interventions. For example, there is convincing evidence that an unemployed father in the home is associated with a higher incidence of child abuse. Thus if our nation really would like to decrease the incidence of child abuse, it should pursue a policy which would provide employment for those who want it. Here is one reason why I must confess that I am pessimistic concerning our nation's commitment to reducing the incidence of child abuse. How can I be sanguine when I see a calculated government policy which allows a relatively high national unemployment rate? Of course, it could be argued that a high unemployment rate is the cost we must pay to reduce inflation, and since inflation may also be detrimental to family life, this concern must have priority over the concern of unemployment. I will return to this point in a moment.

In terms of implications for effective intervention, another important finding is that abusing parents often have unrealistic expectations about what behaviors their children are capable of and/or a general lack of knowledge concerning the development of children. It thus appears that anything we can do to teach the general population about child care and the normal course of child development would be helpful in reducing child abuse. I endorse the suggestion of many workers that our nation commit itself to teaching parents how to be parents, with courses on parenthood becoming part of the curriculum of every high school in America. A model of such an effort is the Education for Parenthood program mounted jointly by OCD and OE, and this program should be greatly expanded to reach all students.

Another finding is the repeated report that premature children experience a heightened incidence of child abuse. We need await no lengthy program of research to assert that we can reduce the incidence of child abuse in America if we were willing to mount a national effort to reduce the incidence of premature births. One would want to do this for many reasons in addition to its impact on the incidence of child abuse. Yet I do not see any great national concern nor any massive intervention effort dealing with the problem of prematurity. While we already know how to markedly reduce the incidence of prematurity, what is lacking is the resolve and the commitment of the required resources.

There are several other areas where some effort might have particularly high payoff in terms of reducing the incidence of child abuse. In view of the finding that abused children are often the product of an unwanted pregnancy, programs directed towards family planning should be effective in reducing child abuse. Another feature of a social support system which would have a direct and immediate effect on the reduction of child abuse is homemaker services, which could aid in the child-rearing function of families who are experiencing difficulties. A logical consensus has developed that the incidence of child abuse could also be reduced if parents could more readily avail themselves of child care of various kinds. Unfortunately, our society appears to be extremely reluctant to provide the child care that so many American families need desperately.

As the preceding suggestions might indicate, I believe that the control of child abuse is much more likely to come from efforts to beef up our nation's general social service programs than it will come from efforts specifically directed against child abuse. The issues I have touched upon as related to child abuse, particularly those concerning unemployment-inflation and the lack of quality day care, lead me to urge that we consider the health of families as a variable in the cost-benefit equations that lead our national government to pursue one course of action rather than another. We have no explicit family policy in America, and we have yet to begin the critical task of determining the impact on families of the policies implemented by our political leaders. My reading of the child abuse literature is that the single overriding factor in determining whether a child will experience abuse is the viability and strength of that child's family. How can our nation control child abuse if it currently is not even taking into consideration the strength of America's families and how a variety of social policies influence this strength?

There are some who would argue that I am taking the wrong track in singling out social factors which contribute to the incidence of child abuse. They would view child abuse as an individual, pathological phenomenon and select psychiatric intervention as the treatment of choice. I personally believe that the ultimate model to be developed for explaining child abuse will be an interactive one in which the child abuser will be conceptualized as a part of a family which is itself embedded in the social, economic, and political realities of the family's ecology. My colleagues, Urie Bronfenbrenner and Julius Richmond have convinced me that efforts which do nothing to improve the ecological system impacting on child abuse will be ineffective. But if child abuse is in large part caused by general ecological factors, I again have no choice but to be pessimistic about our society's determination to control child abuse. Our society has taken some tentative steps to correct environmental pollution. It has done precious little to correct the social pollution of many American's ecologies. It is exactly this polluted ecology that drives many parents to child abuse. So long as we attend only to the symptom of child abuse and engage in the tokenistic efforts flowing from this narrow concern, so long can we avoid dealing with its underlying social determinants which would be much more costly to correct.

This issue of treating symptoms rather than causes is related to the primary vs. secondary prevention of child abuse. Primary prevention refers to the prevention of physical abuse before it occurs, while secondary prevention is after-the-fact intervention. My reading of the current social scene is that our society is willing to engage in secondary prevention but is almost totally disinterested in primary prevention.

Scanning the ecology for factors bearing upon the incidence of child abuse would lead me to conclude that primary prevention of this problem would be impossible without a revamping of certain social and institutional habits. For example, undoubtedly the single most important determinant of child abuse in this country is the willingness of adults to inflict corporal punishment upon children in the name of discipline. I add my voice to those of many others and assert that so long as corporal punishment is accepted as a method of disciplining children, just so long will we have child abuse in our country.

Our society not only approves of but engages in the physical abuse of children. The highest repository of society's values, namely government, sets a very poor example in its treatment of children who reside in settings funded with taxpayer's dollars. I refer here to the well-documented abuse and neglect of children occurring in institutions for the retarded, hospital settings for emotionally disturbed children, and within our nation's day care system. The legally and socially sanctioned abuse of children may also be found in that social institution which, after the family, is the most important socializing agent in America, namely the school. The school is an important institution in the family's ecology, and its practices not only reflect the values of America's families but also influence the development of familial attitudes and practices. If you wish to decrease the incidence of child abuse in America make it illegal for school personnel to apply corporal punishment against school children under any circumstance. In this regard I am troubled by the Supreme Court's recent decision upholding the right of school personnel to physically punish children. As a result of the example such punishment sets, it makes much more likely the abuse of children in the home, where the more severe forms of child abuse currently take place.

The foregoing analysis leads me to conclude that we will make little progress over the next few years in reducing the incidence of child abuse. We simply do not have the knowledge and resources to deal very effectively with even the symptomatic treatment of child abuse in our society. I even find myself conflicted about the value of the Child Abuse Prevention and Treatment Act of 1974. The bill provides too little in the way of resources and direction for us to make any significant impact on our child abuse incidence figures. We cannot legislate away major social problems like child abuse with a single bill. Social change is produced not by the stroke of a pen but by intensive and persistent efforts to change the human ecology within which the social target is embedded. Laws such as the Child Abuse Act do little more than give us a false sense of security. Such tokenistic efforts give the apearance that something meaningful has been done and thus interfere with the mounting of truly effective measures. A 20 million dollar bill to fight child abuse in America amounts to little more than putting a band-aid on a cancer. However, given the current fiscal austerity in our nation, I am afraid for the time being that child abuse will have to take its place alongside lead paint poisoning as another problem which our society has neither the commitment nor the resources to solve.

I must confess that I am surprised at the depth of my pessimism concerning our nation's ability to reduce the incidence of child abuse. This pessimism should not be misinterpreted as some sort of plea for adopting a stance of apathy or inaction. There is much that could and should be done in this area including (1) an invigorated research and data collection program, (2) increased efforts in the family planning area, (3) the widespread implementation of education for parenthood programs, (4) a massive effort to reduce the number of premature births in America, (5) an increase in the availability of homemaker services, and (6) the immediate increase in the availability of child care in America. Finally and perhaps most importantly, we will need a willingness to examine our society's value system and a commitment to reduce the acceptability of man's violence to man, of which child abuse is but one manifestation.

Mr. BRADEMAS. Thank you very much. Dr. Zigler, I must say, having sat on this committee for a number of years now, and having in particular put in a good deal of time on early childhood legislation, I regard your statement here this morning as one of the most significant that has yet been presented to our subcommittee.

I find it very difficult to disagree with most of the thrust of what you have said. Your statement takes on all the more significance, I think, in view of your own lengthy experience in this field and the great respect in which your views are held by most people who have labored in this vineyard.

I want to ask you two or three questions. You know that members of this subcommittee, Mr. Jeffords and I, and the Vice President of the United States and others, have, over a period of years, worked for an early childhood measure. It was predicated on the principle that you articulate in your statement on page 5, that the single overriding factor in determining whether a child would experience abuse is the viability and strength of the child's family.

I need not here rehearse some of the difficulties that we encountered over the last several years, beginning with Mr. Nixon's veto of the child development bill in 1971 and then the extraordinary attack that was inflicted upon the Child and Family Services Bill over the last couple of years.

I understand your pessimism. I have experienced some of the blows to which you have alluded. I am grateful for your statement that you believe that this legislation should be continued.

I understand your assertion that the passage of this legislation, the extension of it, will not cure the child abuse problem, and I agree with you. I agree with you that we have to get at what you describe as the ecology of the family in American life.

I do not think you would disagree that we just have to keep at it. One of the things I have learned as a legislator is that even if you get shot down, if you really believe that something has to be done, painful though it is, you just have to keep at it.

My first question, Dr. Zigler, goes to your opening comments about the difficulty in getting accurate statistics on the incidence of child abuse. You may recall that in 1975 there was an announcement by the director of the National Center on Child Abuse and Neglect, by Douglas Besharov, that the figures on child abuse in this country represented, to quote him, "a social problem of epidemic proportions."

Then Dr. Fontana testified before the subcommittee a few days ago and used the same word epidemic. I confess that I think we should have pressed him more vigorously on just how he defined epidemic, as that is a scientific term normally used in the science of medicine.

I also noticed that there was an article published—I cannot tell you the journal right out—entitled "The Epidemic That Never Was" by Peter Schrag in which he questions the use of that particular metaphor to describe the child abuse problem.

Is that an exaggeration, to use the phrase epidemic or is it a waste of time to even talk about the problem in these terms, given your analysis which suggests that we have not developed sufficient knowledge of incidence of child abuse?

Mr. ZIGLER. Mr. Chairman, there is an argument going on around the question are things getting better or are things getting worse in this area of child abuse? I, in my own analysis, have come to the conclusion that it—how you answer that question depends on your timeframe.

If you are talking about 300 years, things are getting better definitely. In other words, we are not treating children as badly today; we no longer scare children because they will make better bakers Children are better off today than they were 300 years ago.

The big question, why we need the center figures, or have things gotten worse over the last 10 years because of changes in certain demographic phenomenon like the single parent families, breakup of homes, a variety of things, unemployment?

My best estimate is I do not know what the actual number is, is it a huge and major national problem? Yes, I have no doubt about that. My hunch is if you take a century's viewpoints things are getting better.

If I look at the figures that I have known about for the last 10 years, I think they are getting worse but they are getting worse because of these other factors in our society.

When I ask the center to get us a figure, that figure will not help a single child. I want to differentiate against this figure; I do not want some magic number; what difference does it make if it is 1 million or 1½ million?

If we could find out where the incidence is higher, what segments of our society, what parts of the country, then the slim resources we now have, we could target and get a bigger bang for our bucks.

When I call for a figure, it is not there is some magic in that number; I want to differentiate an incidence figure.

Mr. **Brademas.** When you on page 2 of your statement said you are troubled by the restrictions placed on research funding in the act, are you saying there is simply not enough money put into research; is that the point?

Mr. **Zigler.** Yes. I know when you read the act, it talks about research. The fact of the matter is, gentlemen, that the need that you have already heard this morning from a person in the middle of it is so great—people are not doing research, there are a few bucks and everybody is scrambling after those few bucks and they want the services.

I am telling you that I have never seen a literature that is as poor in terms of the quality of scholarship as now prevails in this area. We simply do not know enough. Until we begin knowing more, we are not going to be able to do very much.

What I have been trying to fight is, gee, if all $15 million had been spent just on honest-to-God research activities, that would have been just a beginning. What I am now looking for is some mechanism to get the rest of the Federal establishment who have responsibilities in this area, to form a consortium to use their money, to research these kinds of issues in the child abuse area. That is really my concern.

Mr. **Brademas.** That is a significant statement, it seems to me, in view of the testimony we heard from a number of witnesses on our first day of hearings who said that they thought we did not need a lot more research in this field. They recommended that we now put our stress on services and getting money out into the country.

I think there is a clear difference of opinion on that. What has troubled me is that given such scarce dollars, that it may well be that if we put it all into services and do not pay enough attention to trying to learn what the problem is and some possible solutions to it, that it would be rather like pouring a glass of water on the Sahara in each of the 50 States.

Just one other question Dr. Zigler, before yielding to my colleagues. You concluded your statement by expressing your apprehensions, as I understood you, about the impact of the language in the act requiring certain reports from the States in order to qualify for funds under the act. Could you elaborate on that concern?

Mr. **Zigler.** Mr. Chairman, I am not saying people being accused of child abuse is the furthest thing from their minds. It is a very disturbing experience to these people. Any of us who have children, any of us think of the impact on your own psyches if someone would come forward and say you are guilty of child abuse? And you would say, "who, me?"

It is destructive on the spirit of individuals. I am beginning to see some people who we are driving to the brink of psychosis because of these laws. It is troubling me. Furthermore, it may be counterproductive.

In many ways, we are already reaching the phenomenon of this sort. Somebody reports a parent; then the parent abuses the child again for getting her in trouble; that is clinically occurring everywhere now.

The other problem, one of the real causes of child abuse that we can agree upon, is a sense of alienation. In any kind of bill that starts setting up deviance—you saw a mother here this morning who was trying to deal with more stress.

I really believe child abuse is a social stress problem, not a pathological problem. Anything that we do that sets these people apart and pushes them out of the mainstream is bad for children.

One of the causes of child abuse is what we call alienation. In fact, it is very interesting. One of the correlets of Eli Newberg's study of child abuse shows ~~that a~~ very important prediction is whether the family has a phone in the house or not, are they still connected with the rest of society?

Anything that you do that sets up a group of deviants in this country, somebody on which we can pin the label, child abuser; that I think will exacerbate the problem rather than help it.

Let us keep those lists to an absolute minimum and if longer and longer lists become the end product of this committee's efforts, then as I said, it could become part of the solution.

Mr. BRADEMAS. Are you saying then, just as a followup question, that the language in the act that requires that in order for a State to qualify for assistance, the State must provide for the reporting of known and suspected incidents of child abuse, ought to be eliminated or modified in some way?

Mr. ZIGLER. I think there should be, in my simple-minded way, that there should be some expression in the law about your concern with the civil rights of the people on these lists.

That would probably do the trick; then if we could move from that to some model legislation, looked at by legal people, who are experts in this area, that would probably suffice.

Mr. BRADEMAS. Thank you very much, Mr. Jeffords?

Mr. JEFFORDS. Thank you. There is little that I could disagree with in your testimony, but I disagree perhaps in your conclusions as to what we ought to do with this act. I certainly agree with you, as Mrs. Lapicki pointed out, that it is social stress, which is most likely the cause of child abuse.

I went through your testimony in the past hearings and I listened to witnesses. I am confused because it seems to me that we know an awful lot about child abuse and that you seem to outline things that we have to do from a social point of view.

There is little I could disagree with. If we could do away with unemployment, strengthen the family, make people happy and remove the stresses, we then would have less child abuse.

You then come to the conclusion, however, that we need to spend a lot more money on research instead of taking this money and putting it out into the States and the communities. Granted it is an awfully small amount of money when we start talking about $20 million or whatever it is; it is an incredibly small amount.

I listened to the testimony to start with. I look at some of these grants in this book for research totaling $100,000 and $150,000. I also have heard testimony telling me that they perhaps prevented child abuse in a parents anonymous program for a cost of 25 cents per instance of abuse.

I am perhaps prejudiced because I was involved somewhat as a private attorney in trying these cases. Now we have witnesses before us testifying to the need for just small amounts of money to get things started, as we heard this morning.

I am troubled as to whether or not we need to spend so much money to further understand the problem. I have one area, however, which I may discuss later, which I do not think we have much knowledge on.

As far as neglecting the physical abuse problem, it seems to me that we ought to be putting a larger chunk of this $20 million, small as it is, out into the field rather than more in research.

I would like your comments as to whether or not I am being swayed too much by my own involvement and by the witnesses we have already heard from this morning who say, for a few thousand dollars, we can do an awful lot.

Mr. **Zigler.** Mr. Congressman, we are not in any disagreement. I think what you have to search for in your wisdom is the proper balance. We can do a lot with a little bit of money and I am not saying take that money away and put it into research but I am telling you, without any fear of contradiction that we do not know enough; we do not know.

I asked the simple question, Are the Parents Anonymous groups effective, are they effective on basic questions? We do not have the answer. Why is a younger child more prone to be a victim of child abuse than an older child?

We have a thousand questions; we never crisscross the research. You could read the whole child abuse literature and never see it related to the huge literature on aggression. I am saying to you, in your wisdom, see if you cannot find some way to do both of these things because I really believe very strongly, I can only repeat myself at this point, that you can never do more than what you know.

We simply do not know very much in this area yet. To say let us put out the money because we can do some good, I would look for cost effective ways of doing that while at the same time, I was trying to get some answers to these questions.

I really think those answers are badly needed. All I can ask for is some kind of mix of these two things.

Mr. **Jeffords.** How effective has the present research been, in your estimation; have the projects been well designed? Have they brought us any significant new knowledge which is helpful in this area?

Mr. **Zigler.** No. They are demonstration efforts which have a role in the total research effort but they are not the kinds of basic empirical research I am calling for today. What they are doing is putting out services and calling it research, is my feeling.

Mr. JEFFORDS. I suppose what I'd like to know is what are we talking about in terms of money which you believe is needed for research? We are here, with a small amount of money, speaking on a national level about some $19 million. Presently, of course, only about 12 percent is going out to the States in the so-called grant program.

When you talk in terms of money for research and for the program, what kind of money is needed; how much do you need for those kinds of specific research projects, given the limit of $19 million and taking into consideration other possible uses.

I have made no progress at HEW trying to get them to put together a consortium but this committee could. If you said to NICHD or HEW, hey, pull together your forces, they have hundreds of millions of dollars that have already been funded.

What troubles me is why so little of it is being spent on this national problem. What I would recommend is a two-pronged attack, give them $4 million or $5 million, or a small amount, relatively speaking and say we want this as a sweetener; that is the carrot, the stick is that you have to pull yourselves together and report back to the committee on spending.

I would think that to make any kind of impact on this field in the research area, you are going to need a total of about $20 million so that my best hunch is if you would put up $5 million through this bill as a sweetener and then insist that they find 15 of the vast hundreds that are out there somewhere that would do the job.

Mr. JEFFORDS. In research?

Mr. ZIGLER. In research.

Mr. JEFFORDS. In other words, if we use $5 million for research, you have not then criticized the demonstration grants. Do you feel that we would be beter off putting more money out in the States in seed money, to really start projects rather than working in the demonstration grant area?

Mr. ZIGLER. I have more faith, frankly, OCD is understaffed. The center responsible for this is overstaffed; they just do not have the staff to put this staff out on the demonstration.

I would rather depend on the States and the people at the local levels on this one. There is a lot of concern in each and every State so that I guess I would keep some mix—let them to go forward with demonstrations because they are really good—a really good demonstration that could be implemented could be very important.

I would depend on the resources available to us at the State level in every single State much more than I would on the center. Let them have the responsibility of coordinating a few demonstrations but I think I would bet more on the State and local people on this one.

Mr. JEFFORDS. Thank you very much, Doctor.

Mr. BRADEMAS. Mr. Kildee?

Mr. KILDEE. Doctor, with regards to research, you mentioned that child abuse is more common among premature children. Do we know why that is more common and if so, can we expand that knowledge to other areas of child abuse?

Mr. **Zigler.** That is one of the things I wish we did know. There are several hypotheses. We do not have the answer. That is what we need the research for. One, is there is some research that those premature babies in general add to the stress so it is one more stress, that you are not expecting the baby.

Second hypothesis is that premature babies are much more vulnerable; they do cause much more difficulties, have more illnesses. Then there are some far out hypotheses. There is a young scholar at the University of Wisconsin, Michael Land, who has a theory that the premature baby has a particularly noxious cry, that you could stand the cry, that the premature baby's cry really goes up the back of the parents.

That is his explanation. I do not know which of these are right. I'm just saying that we have a fairly clear relationship but what is mediating that relationship is what we need this research money to find out.

Mr. **Kildee.** So research in this area might be helpful in other areas of child abuse?

Mr. **Zigler.** Of course, sure, because you would have to look at the stress versus something else.

Mr. **Kildee.** Thank you, Mr. Chairman.

Mr. **Brademas.** Mr. Miller?

Mr. **Miller.** I have no questions.

Mr. **Brademas.** I do not know, Dr. Zigler, what your plans are, but if you are able to remain, we may want to ask you another question or two again following our having heard Assistant Secretary Martinez.

I want to reiterate the appreciation of members of the subcommittee for your extremely valuable statement which I hope Secretary Martinez and Secretary Califano and others with responsibility in this area will study with very great care. Thank you very much, sir.

Mr. **Zigler.** Thank you.

Mr. **Brademas.** We are very pleased to welcome for the first time before our subcommittee, the newly designated Assistant Secretary of Health, Education and Welfare for Human Development, Ms. Arabella Martinez. Ms. Martinez, we are very pleased to have you with us.

STATEMENT OF ARABELLA MARTINEZ, ASSISTANT SECRETARY NOMINEE, FOR HUMAN DEVELOPMENT, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, ACCOMPANIED BY DOUGLAS J. BESHAROV, DIRECTOR, NATIONAL CENTER FOR CHILD ABUSE AND NEGLECT; SAUL ROSOFF, ACTING DIRECTOR, OFFICE OF CHILD DEVELOPMENT; AND FRANK FERRO, ASSOCIATE CHIEF, U.S. CHILDREN'S BUREAU

Ms. **Martinez.** Thank you, Chairman Brademas. On my right is Mr. Frank Ferro who is the Associate Chief of the Children's Bureau; Mr. Saul Rosoff, the Acting Director of the Office of Child Development.

Mr. **Brademas.** I understand that Mr. Besharov is with you. Can we not have him join us, Ms. Martinez, since he runs the program that is the subject of our discussion this morning? Again, Ms. Martinez, we are very pleased to have you with us. Please go right ahead.

Ms. **Martinez.** Thank you. Mr. Chairman, the testimony which I am prepared to read, really only discusses what the National Center on Child Abuse and Neglect has been doing. It does not discuss where we are going, primarily because we are so new that we need time to study what we will be doing in the future.

Mr. **Brademas.** Ms. Martinez, if you would like, because I see it is a very lengthy statement, would you like to go through it and summarize as you go along? We can include your entire statement in the record.

Ms. **Martinez.** Certainly.

First of all, I would just like to say that there has been a sharp increase in professional and public concern over the abuse and maltreatment of children. As a result, there have been impressive progress in our ability to protect the abused and neglected child and to assist the family.

There still are substantial steps between what we want to do for the children and what we can do, much more needs to be known about the causes, the nature, the extent and best way to prevent and treat child abuse and neglect, including sexual abuse.

We want to be sure that the whole child and family receive all of the necessary supportive services from the community in which they reside.

Child abuse and neglect derive from a wide range of social and psychological problems that cannot be managed by one discipline or one profession alone. Social workers, physicians, lawyers, nurses, judges, psychiatrists, teachers, and others must all work together if the cycle of abuse and neglect is to be broken.

Helping efforts remain fragmented among different disciplines, communications and coordination are difficult to implement and fear and hostility among competing agencies and approaches still exists.

Although all of our 50 States have child abuse reporting laws, the legal framework for child protective work in most States is incomplete and unnecessarily complex, thus making it difficult to implement effective programs.

Moreover, in many communities, the financial institutional support necessary to sustain adequate and preventive services continue to be lacking. Child protective workers are generally not given the training, skills, and ancillary services necessary to meet the important lifesaving responsibilities assigned to them.

Too often the only treatment alternatives available to the child and his family are infrequent and largely meaningless home visits, overused foster care and unthinking reliance on court action.

Lacking suitable long term treatment services, most American communities are faced with a grim choice in cases of serious abuse or neglect—either break up such families or leave the children at home where they might be seriously injured or even killed.

The Child Abuse Prevention and Treatment Act, through the National Center on Child Abuse and Neglect, created the first Federal focus to improve the prevention, identification, and treatment of child abuse and neglect by enhancing national, State, local, community, and citizen efforts to help the child and his family.

Central to our approach has been a commitment to nonpunitive, interdisciplinary and community-wide treatment efforts, because we are convinced that child abuse and child neglect are social and psychological problems with roots deep in the way we live and in the way our society is organized.

In essence, we seek to focus Federal efforts relating to child abuse and neglect through activities directed toward the twin goals of: one, generating basic and applied knowledge about the prevention, identification, and treatment of child abuse and neglect; and two, providing general and technical information and limited program support to assist local communities in applying available knowledge to expand prevention, identification, and treatment efforts.

Three-quarters of the appropriations, over the past 3½ years, have been used to sponsor research and demonstrations designed to test knowledge of child abuse and neglect.

Each year, we allocate 20 percent of our appropriations to State grants. Because some States are not yet eligible, the actual expenditure for State grants last year was approximately 12 percent of the year's appropriation; however, in the future the entire 20 percent will go to the States.

Another 10 percent of the appropriation provides technical assistance to States to assist them in meeting eligibility requirements and to public and private agencies dealing with abuse and neglect.

Thus, approximately 95 percent of our appropriation is spent on research, demonstrations, State grants, and technical assistance which impact directly on the child and his family.

The remaining 5 percent supports the child abuse and neglect information clearinghouse, various publications, and other miscellaneous activities.

Perhaps the most critical fact about the field of child abuse and neglect is the paucity of primary knowledge about its cause, nature, extent, and its prevention and treatment.

We have funded 16 research projects which are exploring: one, the factors contributing to abuse and neglect, including family, social, and economic stresses; two, the relationship between drug abuse and alcohol abuse and child maltreatment; three, promising preventive and treatment techniques; and four, the means to measure and evaluate the effectiveness of programs.

The law now mandates at least 50 percent of our funds be spent on projects to advance our state of knowledge regarding the provision of helping services, we have funded a number of demonstration projects geared to finding out what works and arranging for further use of effective techniques.

We are striving to insure that the demonstration projects have an impact beyond their life as federally funded projects.

Twenty-six demonstration treatment centers have been established which, if they prove successful, can be replicated elsewhere. These projects, in all parts of the country, are responsible for total case management within the context of the community-wide coordination of services.

Most of the projects are using interdisciplinary teams of professionals to guide and coordinate their efforts. Depending on the project, they are performing child protective investigations, child and family assessments, and direct treatment including group therapy, art therapy, and play therapy.

Many are operating 24-hour hotlines for parent counseling. All of these projects are focused on the goal of keeping families together.

Staffed by specially trained teams of professionals and paraprofessionals, these treatment centers are demonstrating what can be be accomplished when staff have the time and resources to meet the needs of multiproblem, abusive and neglecting families.

Nine of these treatment centers address the problem of these kinds of families that are often not adequately served by existing systems—Native American, military and rural families.

Especially sensitive to the traditions and problems of the populations they serve, these projects are seeking to place child protective work within their client's cultural context.

We have also made a grant to Parents Anonymous, a parental self-help group, to increase its coverage across the country. Progress has been substantial. Before we assisted Parents Anonymous, there were fewer than 50 chapters, mostly on the west coast.

Their progress has far exceeded their original goal of 200 chapters. There are now over 500 chapters of Parents Anonymous in all parts of the country, helping over 5,000 parents deal with their family problems.

We have also established 16 regional resource projects to explore how best to help States, localities and private citizens to assess, coordinate, and improve services.

In response to State and local needs, they provide a diversity of training and technical assistance, including consultative services on case management and agency administration, and specialized training.

As required by the act, the national center is developing and maintaining an information clearinghouse on all programs for the prevention, identification, and treatment of child abuse and neglect.

The national center is also disseminating the information it collects to all relevant persons and groups.

In 1974–75, the National Center conducted a nationwide needs assessment which concluded that one, there was an immediate need to train a core group of professionals and paraprofessionals in the diagnosis, reporting, and treatment of child abuse and neglect, and two, suitable training curricula had to be developed as soon as possible for a broad range of professionals.

To respond to this need, we trained 1,700 professionals and paraprofessionals in a series of 5-day conferences in all parts of the country.

The training consisted of developing new skills in multidisciplinary teamwork and coordination among professionals in child protection, social work, health, law, law enforcement, and education.

Our regional offices and regional resource projects annually train an additional 12,000 people.

In the long run, however, training must be a local responsibility tailored to fit local needs and local practices. Therefore, we developed a multidisciplinary curriculum package for use by local trainers.

The curriculum is currently being field tested 22 training grantees and by 16 resource projects. In its first year of use, we expect that over 10,000 people will be trained with the assistance of this curriculum package.

Our technical assistance activities are designed to leave a lasting impact upon those who receive our help through the use of model, or prototype, materials for local groups and agencies.

Some of these materials are targeted for special audiences, such as the Nation's children's hospitals, and some have been on specific activities, such as public awareness campaigns and the upgrading of central registers of child protection cases.

Because an informed and supportive citizenry is crucial to effective treatment services, we have developed posters, model newspaper advertisements, and radio and TV spot messages individualized for local agency use.

The present act requires the Secretary with the assistance of the advisory board to develop Federal standards. These standards are not the basis for eligibility for Federal funds but rather are suggested good practices, reflecting the best State-of-the-art knowledge and designed to help States, communities, public and private agencies, professionals, and private citizens to assess local program capabilities and to determine gaps in needed services.

A draft of these standards has been widely distributed to States and local agencies as well as to individuals from professional disciplines actively involved in the field. The comments we received are overwhelmingly favorable and supportive of the concept and content of the standards.

Because State agencies play a key role in the direct delivery of services to families, the present law authorizes grants to the States to strengthen their prevention and treatment programs.

To qualify for this assistance, a State must meet the list of criteria in section 4(b)(1) of the act. The scope and stringency of these criteria, which are concerned with effective reporting procedures, comprehensive definitions of child abuse and neglect, prompt investigation and court action on cases, confidentiality for families, immunity for those who report in good faith, court processes, cooperation among State and local agencies, and parental involvement, require most States to make significant changes in their legislative and administrative procedures.

The two requirements which have presented the greatest difficulty for States are the comprehensive definition of child abuse and neglect and the required provision of a guardian ad litem in every judicial proceeding.

Both of these generally require amendment of State law to achieve compliance.

Major progress has been made by States in upgrading their programs, as evidenced by the dramatic growth in the number of States which have become eligible each year. Only two States were eligible during the 1st year of funding.

In fiscal year 1975, the number increased to 16. In fiscal year 1976, 29 States received grants. We project that over 40 States will be eligible for grants in the coming fiscal year.

To increase the number of eligible States, we are working closely with the remaining ineligible States. We conducted a detailed analysis of the factors preventing full eligibility and our regional offices are assisting the States to make the necessary changes.

In addition, to this direct assistance, a manual is currently being developed to provide guidance to States on how to improve their programs and thus become eligible for State grants.

In response to requirements of the act, the Secretary created an Advisory Board on Child Abuse and Neglect. Reflecting the relevance of many areas of human services to the child abuse and neglect problem, the Board includes representatives from Justice, Labor, Interior, Agriculture, Housing and Defense as well as HEW.

In addition to developing the Federal standards, the Advisory Board is responsible for the effective coordination of Federal child abuse and neglect programs.

The Board prepares annual reports on long-range plans and budget projections of Federal agencies; and on the results of past activities and contemplated future activities of Federal agencies in this field.

It also reviews on an interim and continuing basis planned activities of Federal agencies.

We believe that we have made significant progress in coping with child abuse and neglect. The new administration wants the opportunity to review the program along with other Federal programs.

Therefore, we are proposing a 1-year extension of the present Child Abuse Prevention and Treatment Act, so that our support of this program can continue while we examine the best means of achieving the goals of the program.

This completes my statement. I will be glad to answer any questions you may have.

[Prepared statement of Arabella Martinez follows:]

PREPARED STATEMENT OF ARABELLA MARTINEZ, ASSISTANT SECRETARY FOR HUMAN DEVELOPMENT/NOMINEE, DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

I am pleased to come here today to discuss the Child Abuse Prevention and Treatment Act of 1974, and to urge one year extension of this important legislation. While my remarks focus on describing the implementation of the Act by the Office of Child Development of the Department of Health, Education, and Welfare, I would like to place the discussion in historical perspective so that recent progress can be fully appreciated.

INTRODUCTION

In the past few years, there has been a sharp increase of professional and public concern over the abuse and maltreatment of young children. As a result, impressive progress has been made in our ability to protect the abused and neglected child and to assist his family. But there still are substantial gaps between what we want to do to protect children and what we can do. Much more needs to be known about the causes, the nature, the extent, and the best ways to prevent and treat child abuse and neglect, including sexual abuse. And we want to be sure that the whole child and his family receive all of the necessary supportive services from the community in which they reside.

Child abuse and neglect derive from a wide range of social and psychological problems that cannot be managed by one discipline or one profession alone. Social workers, physicians, nurses, lawyers, judges, psychiatrists, teachers and others must all work together if the cycle of abuse and neglect is to be broken. But helping efforts remain fragmented among various disciplines; communications and coordination are difficult to implement; and fear and hostility among competing agencies and approaches still exist.

Although all of our 50 States have child abuse reporting laws, the legal framework for child protective work, in most States, is incomplete and unnecessarily complex, thus making it difficult to implement effective programs. Moreover, in many communities, the financial and institutional support necessary to sustain adequate treatment and preventive services continue to be lacking. Child protective workers are generally not given the training, skills and ancillary services necessary to meet the important life-saving responsibilities assigned to them. Too often, the only treatment alternatives available to the child and his family are infrequent and largely meaningless home visits; overused foster care; and unthinking reliance on court action. Lacking suitable long-term treatment services, most American communities are faced with a grim choice in cases of serious abuse or neglect -- either break up such families or leave the children at home where they might be seriously injured or even killed.

Overview

The Child Abuse Prevention and Treatment Act, through the National Center on Child Abuse and Neglect, created the first Federal focus to improve the prevention, identification, and treatment of child abuse and neglect by enhancing national, State, local, community, and citizen efforts to help the child and his family. Central to our approach has been a commitment to nonpunitive, interdisciplinary and community-wide treatment efforts, because we are convinced that child abuse and child neglect are social and psychological problems with roots deep in the way we live and in the way our society is organized.

In essence, we seek to focus Federal efforts relating to child abuse and neglect through activities directed toward the twin goals of: (1) generating basic and applied knowledge about the prevention, identification, and treatment of child abuse and neglect; and (2) providing general and technical information and limited program support to assist local communities in applying available knowledge to expand prevention, identification, and treatment efforts.

Three-quarters of the appropriations, over the past three-and-a-half years, have been used to sponsor research and demonstrations designed to test knowledge of child abuse and neglect. Each year, we allocate 20 percent of our appropriations for State grants. Because some States are not yet eligible, the actual expenditure for State grants last year was approximately 12 percent of the year's appropriation; however, in the future the entire 20 percent will go to the States. Another 10 percent of the appropriation provides technical assistance to States to assist them in meeting eligibility requirements and to public and private agencies dealing with abuse and neglect. Thus, approximately 95 percent of our appropriation is spent on research, demonstrations, State grants, and technical assistance which impact directly on the child and his family. The remaining five percent supports the child abuse and neglect Information Clearinghouse, various publications, and other miscellaneous activities.

Research Projects

Perhaps the most critical fact about the field of child abuse and neglect is the paucity of primary knowledge about its causes, nature, extent, and its prevention and treatment. We have funded 16 research projects which are exploring: (1) the factors contributing to abuse and neglect, including family, social, and economic stresses; (2) the relationship between drug abuse and alcohol abuse and child maltreatment; (3) promising preventive and treatment techniques; and (4) the means to measure and evaluate the effectiveness of programs.

Underlying much of our research is an attempt to clarify the complex relationships between psychological and situational factors (including the condition of family life) and individual behavior. For example, poverty is frequently cited as a stress on parents that leads to abuse. And yet we know that most poor families do not abuse or neglect their children.

We are also conducting a nationwide study of the incidence and severity of child abuse and neglect in the United States, as required by Section 2(b)(6) of the Act. At present, we estimate that there are approximately one million abused and neglected children in our country. Of these, about one-fifth are abused and the remainder are neglected, an omnibus term denoting parental failure to provide such basic necessities of life as food, clothing, and shelter. In addition, over 2,000 children die each year under the circumstances suggestive of child abuse and neglect. By giving us a more precise idea of the extent of child abuse and neglect, this incidence study will enable us to improve the allocation of limited service resources and, more importantly, it will help mobilize greater public support for needed treatment and preventive efforts by revealing the true magnitude of the problem before us.

Demonstration Projects

The law now mandates that at least 50 percent of our funds be spent on demonstration projects. To advance our state of knowledge regarding the provision of helping services, we have funded a number of demonstration projects geared to finding out what works and arranging for further use of effective techniques. We are striving to insure that the demonstration projects have an impact beyond their life as federally funded projects.

Twenty-six Demonstration Treatment Centers have been established which, if they prove successful, can be replicated elsewhere. These projects, in all parts of the country, are responsible for total case management within the context of the community-wide coordination of services. Most of the projects are using interdisciplinary teams of professionals to guide and coordinate their efforts. Depending on the project, they are performing child protective investigations, child and family assessments, and direct treatment (including group therapy, art therapy, and play therapy). Many are operating 24-hour hotlines for parent counseling. All of these projects are focused on the goal of keeping families together. Staffed by specially trained teams of professionals and paraprofessionals, these Treatment Centers are demonstrating what can be accomplished when staff have the time and resources to meet the needs of multi-problem, abusive and neglecting families.

Nine of these Treatment Centers address the problem of three kinds of families that are often not adequately served by existing systems -- Native American, military and rural families. Especially sensitive to the traditions and problems of the populations they serve, these projects are seeking to place child protective work within their client's cultural context.

We have also made a grant to Parents Anonymous, a parental self-help group, to increase its coverage across the country. Progress has been substantial. Before we assisted Parents Anonymous, there were fewer than 50 chapters, mostly on the West Coast. Their progress has far exceeded their original goal of 200 chapters. There are now over 500 chapters of Parents Anonymous in all parts of the country, helping over 5,000 parents deal with their family problems.

We have also established 16 Regional Resource Projects to explore how best to help States, localities and private citizens to assess, coordinate, and improve services. In response to State and local needs, they provide a diversity of training and technical assistance, including consultative services on case management and agency administration, and specialized training.

Each of the National Center's demonstration projects is being carefully evaluated -- by outside teams of experts -- to determine what techniques work best and to convert this field experience into practical knowledge that can be used by others seeking to improve existing services or to initiate new ones.

Information Clearinghouse

As required by the Act, the National Center is developing and maintaining an information clearinghouse on all programs for the prevention, identification, and treatment of child abuse and neglect. The National Center is also disseminating the information it collects to all relevant persons and groups.

An increased interest in child abuse and neglect is reflected by the 30 percent growth in the overall number of publications on child abuse and neglect, in the past 18 months alone. The National Center's Information Clearinghouse has collected information on over 2,000 operating treatment programs and on over 1,500 publications and audiovisual materials. All of these materials have been abstracted and placed in a computer with on-line capability -- thus giving an inquirer the capacity for almost instantaneous review and retrieval of information. Within six months, remote terminals will allow access to this data base from anywhere in the country.

The National Center regularly prepares and disseminates a number of printed materials, including the Annual Report to the President and

Congress. Each year we also publish and update a summary of research entitled CHILD ABUSE AND NEGLECT RESEARCH: PROJECTS AND PUBLICATIONS and a summary of ongoing programs entitled, CHILD ABUSE PROGRAMS.

Training

In 1974-75, the National Center conducted a nationwide needs assessment which included that (1) there was an immediate need to train a core group of professionals and paraprofessionals in the diagnosis, reporting, and treatment of child abuse and neglect, and (2) suitable training curricula had to be developed as soon as possible for a broad range of professionals.

To respond to this need, we trained 1,700 professionals and paraprofessionals in a series of five-day conferences in all parts of the country. The training consisted of developing new skills in multidisciplinary teamwork and coordination among professionals in child protection, social work, health, law, law enforcement, and education. Our Regional Offices and Regional Resource Projects annually train an additional 12,000 people.

In the long run, however, training must be a local responsibility tailored to fit local needs and local practices. Therefore, we developed a multidisciplinary curriculum package for use by local trainers. The curriculum is currently being field tested by 22 training grantees and by 16 Resource Projects. In its first year of use, we expect that over 10,000 people will be trained with the assistance of this curriculum package.

Technical Assistance

Our technical assistance activities are designed to leave a lasting impact upon those who receive our help through the use of model, or prototype, materials for local groups and agencies. Some of these materials are targeted for special audiences, such as the nation's children's hospitals, and some have been on specific activities, such as public awareness campaigns and the upgrading of central registers of child protection cases.

Because an informed and supportive citizenry is crucial to effective treatment services, we have developed posters, model newspaper advertisements, and radio and TV spot messages individualized for local agency use. They are being used or are planned to be used by over 30 States in the coming year. These materials seek to go beyond the sensationalism of ordinary media coverage to help the public -- and parents -- in their understanding of the human side of child abuse and neglect.

Federal Standards

The present Act requires the Secretary with the assistance of the Advisory Board to develop Federal Standards. These Standards are not the basis for eligibility for federal funds but rather are suggested good practices, reflecting the best state-of-the-art knowledge and designed to help States, communities, public and private agencies, professionals, and private citizens to assess local program capabilities and to determine gaps in needed services.

A draft of these Standards has been widely distributed to State and local agencies as well as to individuals from professional disciplines actively involved in the field. The comments we received are overwhelmingly favorable and supportive of the concept and content of the Standards.

When the Standards are completed, we plan to develop a series of monographs and manuals for use in their implementation.

Assistance to States

Because State agencies play a key role in the direct delivery of services to families, the present law authorizes grants to the States to strengthen their prevention and treatment programs. To qualify for this assistance, a State must meet the list of criteria in Section 4(b)(1) of the Act. The scope and stringency of these criteria, which are concerned with effective reporting procedures, comprehensive definitions of child abuse and neglect, prompt investigation and court action on cases, confidentiality for families, immunity for those who report in good faith, court processes, cooperation among State and local agencies, and parental involvement, require most States to make significant changes in their legislative and administrative procedures. The two requirements which have presented the greatest difficulty for States are the comprehensive definition of child abuse and neglect and the required provision of a guardian ad litem in every judicial proceeding. Both of these generally require amendment of State law to achieve compliance.

Major progress has been made by States in upgrading their programs, as evidenced by the dramatic growth in the number of States which have become eligible each year. Only two States were eligible during the first year of funding. In Fiscal Year 1975, the number increased to 16. In Fiscal Year 1976, 29 States received grants. We project that over 40 States will be eligible for grants in the coming fiscal year.

Since the Act requires that our State grants must supplement and not supplant State funds already being expended on child abuse and neglect programs, they have been used primarily to develop innovative approaches in this field.

For example, several States have used these grants to focus public attention on the nature and extent of child abuse and neglect and the need to improve services. Other States have directed their attention to developing or improving their central register systems.

Emphasis has also been placed by several States on coordination and assessing the effectiveness of existing services.

Other States have sought to improve their overall system in other ways. Such as through creation of special diagnostic, psychological and health care for children and families where abuse and neglect is a factor and through broad ranged media campaigns. They have also prepared and distributed a pamphlet entitled: "HELP: ABUSED AND NEGLECTED CHILDREN IN VERMONT." Posters are also being displayed in a variety of places such as schools, stores, and public buildings; immediate spot announcements have been developed in cooperation with the State Broadcasters Association; and a number of interdisciplinary public forums on child abuse have been held.

To increase the number of eligible States, we are working closely with the remaining ineligible States. We conducted a detailed analysis of the factors preventing full eligibility and our Regional Offices are assisting the States to make the necessary changes. In addition to this direct assistance, a manual is currently being developed to provide guidance to States on how to improve their programs and thus become eligible for State grants.

Coordination Activities

In response to requirements of the Act, the Secretary created an Advisory Board on Child Abuse and Neglect. Reflecting the relevance of many areas of human services to the child abuse and neglect problem, the Board includes representatives from Justice, Labor, Interior, Agriculture, Housing, and Defense as well as HEW.

In addition to developing the Federal Standards, the Advisory Board is responsible for the effective coordination of Federal child abuse and neglect programs. The Board prepares annual reports on long-range plans and budget projections of Federal agencies; and on the results of past activities and contemplated future activities of Federal agencies in this field. It also reviews on an interim and continuing basis planned activities of Federal agencies.

Extension of the Act

We believe that we have made significant progress in coping with child abuse and neglect. The new Administration wants the opportunity to review the program along with other Federal programs. Therefore, we are proposing a one-year extension of the present Child Abuse Prevention and Treatment Act, so that our support of this program can continue while we examine the best means of achieving the goals of the program.

This completes my statement. I will be glad to answer any questions you may have.

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Mr. **BRADEMAS.** Thank you very much, Ms. Martinez, for a most useful statement. Let me begin by asking you about the question to which we earlier directed attention, that is the incidence of child abuse in the United States.

As you indicate, you are aware that the legislation mandated what it calls a complete and full study of the national incidence of child abuse and neglect. Three years have gone by since the enactment of this act and some moneys have been expended on contracts for purposes relating to the gathering of this information.

Yet the testimony, I think, indicates, yours and that of other witnesses, that we still do not know the actual incidence of child abuse and neglect in this country. Could you tell the subcommittee, how much money has been expended for meeting this mandate of the act and why 3 years later, do we still await this study?

Ms. **MARTINEZ.** We are getting that information right now.

Mr. **BRADEMAS.** Ms. Martinez, I would like to say, it's perfectly acceptable with the committee if you would like to call on one of your assistants to respond.

Gentlemen, if you would be kind enough, when you respond, to indicate your name.

Mr. **ROSOFF.** I am Acting Director of the Office of Child Development. Basically, we recognize that the issue of developing an appropriate system in terms of knowing what the cases are, is a very delicate and sensitive one, and we need to be certain that we put into place a process that will tell us what it looks like out there.

We have done two things during this period. First, we have had a study underway that has given us gross data that would indicate that based on type of reports from States, there are about 1 million cases. However, we recognize as you heard earlier, that we need much more information for policy purposes.

Thus, we need to know where are those cases; what are some of the characteristics geographically, what are the causes; what kinds of assistance can be fashioned? We now have a study underway to design process that can fashion a system to give us data on a State-by-State basis.

So we have a fairly broad picture. We recognize we do not have enough information and we are designing a process to refine and establish a system that will in fact provide the information that we need.

Mr. **BRADEMAS.** How much money have you spent to meet the purposes so far?

Mr. **FERRO.** Frank Ferro, Mr. Chairman, from the children's bureau. We spent approximately $107,000 in 1974 on a feasibility study that lasted into fiscal year 1976. Fiscal year 1976, we funded the first of two phases of an incidence study that would attempt to define and identify the true incidence of child abuse and neglect in the United States.

We spent about $500,000 for that first phase. The second phase will begin, if it is operationally feasible, some time in the early part of fiscal year 1978, during the latter part of this calendar year.

Currently our plans would call for an additional expenditure, if we move ahead, of approximately $950,000 for that effort. The earlier activity to which Mr. Rosoff referred was an effort we funded 3 years ago to find out if we could develop a mechanism to assist States, to collect officially reprinted data on abuse and neglect, utilizing a consistent reporting format so we could aggregate that data at a natioanl level.

One of the problems with all the data gathering is when the different reporting units report in different ways. You cannot trust the data that you have and then your program development, policy development, legislative initiative, and allocation of resources may be based on faulty information.

Mr. BRADEMAS. Mr. Biaggi, a member of this subcommittee who was not able to be with us this morning asked me, in this respect, to put to you the following question.

Despite the large expenditures, is it not true that no conclusive incidence study has then been completed? You have said yes, it is true that no conclusive study has been completed.

Mr. FERRO. That is true.

Mr. BRADEMAS. In his statement to me, Mr. Biaggi notes that in one case a firm called Burt Associates of Bethesda was awarded a major contract to develop methodologies to undertake a national incidence study and that Burt Associates have proposed 13 different methodologies, yet none was accepted by the center.

Can you explain?

Mr. FERRO. I would like to call on Mr. Besharov.

Mr. BRADEMAS. Mr. Besharov?

Mr. BESHAROV. Almost every epidemiologist has his own idea of how best to do an incidence study. The Burt report, as Mr. Biaggi's question indicates, identified 13 potentially feasible methodologies. Some of those methodologies would have cost as much as $10,000,000 and $20,000,000 to implement in 1 year, because of the relative difficulty in finding families that abuse and neglect their children. One of the methodologies involved 16,000 uninvited home visits by social workers to determine if parents neglected their children.

We felt that these methodologies were well-developed but not feasible. On the basis of the important developmental work done by this first contractor and the contractor did not spend the full amount of money that was contracted for. We developed a more detailed incidence study which does involve an intensive 15-month field test before actual data gathering is involved. If the committee would like, I could describe the field tests which will begin in about 2 months.

Mr. BRADEMAS. I do not think that will be necessary. You could submit us a memo perhaps that describes it. You have alluded to contracts, Mr. Besharov. In testimony that was given to this subcommittee on February 25 of this year, it was alleged that a substantial amount of money had been awarded by the national center to private profitmaking organizations. I have a summary of research grants that appear to have been awarded to consulting and other profitmaking firms in fiscal 1975, which summary shows that approximately $3,000,000 was awarded to firms of this nature for research and evaluation by the national center.

That figure of $3,000,000 compares to a figure of just over $900,000 awarded to 16 States during the same year and represents a substantial portion, 20 percent of the $15,000,000 appropriated for the act in 1975.

Given that there are so many nonprofit organizations and agencies involved in the child abuse and neglect area, why was so much awarded to these profitmaking private firms?

I might here note that it is my advice that the largest grant awarded to a State in fiscal year 1975 was $161,700 with most States getting $50,000. Those figures compared to grants to private profitmaking firms averaging about $350,000.

Mr. BESHAROV. Although it is just a minor point, before I answer your question, sir, I think the figure is not $3,000,000 but approximately $2.2 million for fiscal year 1975, and that includes contractual assistance in other than research.

It would include a whole range of contracted for services including the maintenance of our data processing and so forth.

Mr. BRADEMAS. Even assuming that—

Mr. BESHAROV. Under Federal procurement requirements that have the force of law, both statutory and regulatory, when the Federal Government, including the national center, wishes certain prescribed services to be performed for it, whether those services are of a personal nature or of the production of materials, such as a training curriculum, we must procure by contract, not by grant.

Grants are for best effort, given to hopefully leaders in the field to use their creative energies to do, their best. Contract and grant procurements are open competitions.

There is no restriction against the application of not for profit corporations applying for grants or contracts and in fact, many do. In the competition on the training curriculum, 28 bidders submitted formal, detailed contract proposals.

After intensive review, involving both an independent government panel and government contract office review, a profitmaking firm was selected. There are two basis for decision when a contract is selected.

One is quality of the technical proposal and two is cost. I can tell you, sir, it surprised me, because I am new in Government, but the truth of the matter is that very often profitmaking firms come in at a lower cost to the Government than not for profit firms.

The Government is, and our center is, always trying to get the best for its dollars.

Mr. BRADEMAS. I wonder if you could let us have the names of the panel to which you refer. I confess that I do not have information in great detail on this matter; I want to get some more.

I confess further that I am a very skeptical man in these matters. I talked to a member of the President's Cabinet last night who shall be nameless. He has a very serious problem because the last administration spent so many million dollars in his department taking care of political pals through private contractual arrangement that he is having a hard time finding enough money to carry out some of the straightforward program activities the law requires of him.

That is one reason I am a very sensitive man in this whole area. I do not make any charge that anything wrong has been done but these figures fill me with a considerable degree of skepticism, particularly when we are talking about legislation that has such modest funding, particularly when we seem to be sitting here waiting 3 years and so little has been done.

I am not impressed. I may say, Ms. Martinez, I realize you were not in business at this time, but I am not impressed by the lack of progress that you made in respect of the complete and full study that the law required of you.

In that respect, I would ask you another question. Why was, as I understand it, a decision made to return funds that were budgeted but were not spent? That is, funds were initially budgeted for grants to the States but the States did not ultimately get them because they were not able to meet the eligibility requirements, but the funds were then returned to the National Center rather than being shipped out to those States which had acceptable programs and which were in need of additional funding?

Mr. **Ferro**. We did suggest in fiscal year 1976, we put out additional money during the transition quarter to those States that were eligible for additional grant activities. The funds that were left over from other years, we used to support the curriculum development and actual training so that they were provided for programmatic activities and were not returned to the center unused.

Mr. **Brademas**. That is not my question. My question is why did you not send them back to the States? I did not say that you at the center did not use them. My question was, if you had extra moneys left over for State grants which were not able to be used because the States did not meet the eligibility requirements, why did you not use those grants for those States which had met the requirements rather than bringing them back to your shop?

Mr. **Ferro**. We used them in these other ways to develop the curriculum.

Mr. **Brademas**. I would have thought you were not complying with the intent of the act which is to get the money to the States. Bureaucrats can always figure out ways to get the money in their own shop.

I think you ought to give us a very clear justification of this practice and let us have some facts and figures on it. We have a serious problem here, a major social problem in the United States and very little money for it.

The clear disagreement on the question of whether we should be putting more money into research or more money into services—Ms. Martinez has told us in effect she agrees with Dr. Zigler, that we do not know enough about this problem. To quote her, she said, "Perhaps the most critical fact about the field of child abuse and neglect is the paucity of primary knowledge about its cause, nature, extent and its prevention and treatment."

I confess a degree of sympathy with that point of view which is exactly what Dr. Zigler was said. However, I am also aware that there is very great pressure to get more money out into States.

We have these twin pressures which is quite understandable in a program of this kind. I think, therefore, you should be very sensitive to the mandate of the act and the little amount of money that you have and be very careful that you are not put in the posture, to be blunt about it, of feathering your own nest here in Washington.

That is a harshly put question and I invite you to have back at me, if you want. I have been on this committee so long I am just a very skeptical man.

Mr. **Rosoff.** We will provide information about how these funds were used because they were used to provide better technical assistance, to provide training and were spent outside of Washington.

Mr. **Brademas.** Thank you.

Ms. **Martinez.** Mr. Chairman, I would like to respond to the issue of contracts as well as the issue in terms of the funds for States.

First of all, I come from the community; I am not from Washington. I admit that I have a healthy amount of skepticism too, with respect to contracts. That is a problem of great magnitude in the Federal Government.

One of the things that I have already said to the whole Office of Human Development is that I want understand how the decisions are made about contracts and grants. I agree with you fully that we need to look at this issue in much more detail and I plan to do so, not from the basis that you need the information, but that we need the information.

I have no compunction about saying that; I am concerned.

Mr. **Brademas.** I appreciate that and I applaud that attitude. I have just one other question before yielding to Mr. Jeffords.

If funding for this program remains the same and if all of the States conform to the eligibility requirements set forth in the statute, will that not mean that less money will be available to the States currently receiving funds because the full 20 percent limit is now being budgeted for 43 States? How do you propose to meet that problem?

Mr. **Ferro.** Mr. Chairman, the money is budgeted each year as if every State were going to be eligible. Near the end of the year, when we have a better fix on which of the States will be eligible, we have an idea of what funds will be left over.

At that time, we invite additional applications from the States who are already eligible to either supplement what they have been funded for under the terms of their eligibility or conduct additional activities with those funds that are left over, so each year, we always budget the amount of money that would be required, despite, for instance, the increase from 16 States that were eligible in 1975 to 29 which were eligible in 1976, we were able fully to meet the obligations placed upon us under the act.

Mr. **Brademas.** I appreciate that response. I still have a hard time understanding the arithmetic of a situation in which you have a fixed amount of money and you have X amount of States and the next year, you have X plus States and still the same amount of money.

Is it not the case that somebody is going to get hurt?

Ms. **Martinez.** Mr. Chairperson, I think the money distributed to States has been increased every year.

Mr. **Brademas.** That would be the rational way to resolve this problem. That is what I was hoping to hear from you, Ms. Martinez, but I hope that means the administration would support a sufficient increase in the money in order to take into account the problem that I have just suggested?

Ms. **Martinez.** I think we get that kind of request from all of our constituents of all of the different programs for more money. This year, as you know, we really wanted to study what was involved.

I think in addition to studying whether there is sufficient to meet the needs, I think we really have to look at how we allocate our resources within the money that we have available.

I think that can be done better, quite frankly. I would hope that if there is a need for additonal money, we would be able to come to you with that request.

Mr. **Rosoff.** Last year, we gave approximately 12 percent to the States. This year, if all of the States qualify, we will be able to go up to the full 20 percent. What that means is there will be less funds spent on some of the other items which we have mentioned in the past, such as training and technical assistance but there are sufficient funds for the States to get their amount.

Mr. **Brademas.** Thank you. Mr. Jeffords?

Mr. **Jeffords.** I would like to follow up a little bit on the funding. I noted that there is only $19 million asked for in the President's budget which, taking into consideration inflation, is a ten to 15 percent reduction in money being available.

If, as you indicate, the program is a good program and ought to be extended in view of the testimony, why was there not more money recommended? Can you tell me, in that answer, what was recommended by the agency to the Department and by the Department to the Office of Management and Budget?

Ms. **Martinez.** I am not going to be able to give you a complete answer because I really do not know what the process was. As you know, we had an extremely short time, turnaround time, to go through Mr. Ford's budget and to try to change it.

I think the reasoning behind the general budget request was that we wanted time to study what was available and what had been done in the past, quite frankly. I do not know what the process is exactly because I was not involved in it.

Mr. **Rosoff.** We could provide those figures for the record, sir.

Mr. **Jeffords.** Now with respect to and again getting back to the question of States and funding and dividing up the pie, I know from your testimony on page 10 that you feel the State agencies play a key role in the direct delivery of services to families.

On page 11 you describe what some of the States are doing. You even mention a pamphlet developed by the State of Vermont.

From your statement, I conclude that at least some of the States are doing a good job; is that a fair assessment?

Ms. **Martinez.** I would think that is a fair assessment. I would like to go out in the States and into the communities to see what they are doing, and that is what I intend to do.

Mr. Jeffords. Getting back to the States again, if the States are doing a good job, does it not make more sense then to put more money in the State programs to be used for prevention and rehabilitation?

Mr. Martinez. At this point, I really do not know; we just need to look at what we have and what we have been doing and what the States have been doing.

I say that from my own personal viewpoint. The Office of Human Development probably has some answers about that because they have had experience. Saul Rosoff might give you a better answer to that.

I'm just concerned, at this point in time, with looking at all of our programs and seeing what actually has happened and whether it is good and where it is good, where it is bad and what needs to be changed.

I think that is true throughout the Department. We are really looking at what has been done in the past.

Mr. Rosoff. Congress enacted this legislation after some very careful and thorough hearings. Members went through the country; they actually saw some of these very dreadful and horrible child abuse cases.

Based on all of that, based on the site visits, on expert testimony, and very careful deliberation, Congress came up with a bill that very carefully lays out the kind of things to be done.

It says no less than 50 percent will be spent on research and demonstration. It points out that a maximum of 20 percent will be spent in relation to funds to the States.

The bill was based on a very balanced assessment of what is out there and what was needed. We have been underway now for 3 years and we all recognize that we need to take another look. I think what this proposed legislation does is to ask for time to take that other look, so that a year from now, we can come forward with a new assessment. It would take into account suggestions such as those by Dr. Zigler.

Mr. Jeffords. Our problem of course is that we hear divergent testimony. You want an extension for 1 year; we have other people in here saying we should not have just an extension of the law but we should change the funding; we should allow more money to get on with the job where the money can be more effectively used.

Let me ask you this then, what would be the net effect on your programs and on your goals if we were to reverse the law if instead of giving just 20 percent to the States, if we were to give 80 percent to the States and leave 20 percent for research, which we, of course heard about this morning? That should be enough for research and we could do away with some of the demonstration programs and get the money out into the field.

Ms. Martinez. I do not think we are ready for that, quite frankly. I think we have to look at what has been done and where we are at this point in time. I think from the new administration's point of view, it is very essential that we understand what has happened in the past and where we are going to go in the future.

I would request that we not do that until we have had that opportunity. I realize that there are a lot of people who had that opportunity and they have suggestions for change but I would like to wait to make those changes.

Mr. **Jeffords.** Of course, the changes are our prerogatives and not yours, in this respect?

Ms. **Martinez.** That is correct.

Mr. **Jeffords.** We are in the process of doing that. I would like, hopefully, a bit more specific of an answer to my question. I am asking you—let us presume that we did reverse the funding, what would happen; would you be able to effectively first carry out the research program, getting away from the demonstration grants, if we were to reverse the process?

Ms. **Martinez.** Let us prepare a statement for you on that.

Mr. **Jeffords.** That is all I have, Mr. Chairman.

Mr. **Brademas.** Mr. Kildee.

Mr. **Kildee.** I have no questions.

Mr. **Brademas.** I have some more questions. Could you, Ms. Martinez, comment on the impact on this particular program of the administration's reorganization of the Department; what will the effect of that be on the National Center for Child Abuse and Neglect?

Ms. **Martinez.** As you know, that reorganization just occurred.

Mr. **Brademas.** I read about it in the paper.

Ms. **Martinez.** I am delighted that it happened. First of all, I think it really strengthens all of our programs for our target populations. Exactly how we will structure the new Office of Human Development, we do not know at this time or how we can better coordinate the resources of the title 20 and title 4–B program, with our various children's programs or with our various aging programs.

We have not decided how we can do that. As you know, title 20 is basically a State formula grant program. The States decide how they are going to spend the money, not the Federal Government.

If they decide that they want to spend 60 percent of the money on day care, that has been their perogative to do so, so we need to look at what the law says with respect to title 20 and how it can interface with our existing programs in the Office of Human Development.

My assumption is that it can strengthen the programs.

Mr. **Brademas.** Let me ask two other questions. In the same area, will the Children's Bureau and its responsibilities in any way be affected by the new reorganization or have you not made a judgment on that yet?

Ms. **Martinez.** We really do not know. We have put together just the other day an organization—reorganization task force. I do not know what they are going to come up with; I can say to you that the children's bureau and the Office of Child Development will not be hurt but will be strengthened.

Mr. **Brademas.** I hope that proves to be the case. In like fashion, could you comment on the impact of the reorganization of the Department of Health, Education, and Welfare on some other programs within the Office of Human Development, within your bailiwick. In particular, I here refer to two programs that are within the jurisdiction of the subcommittee, namely the Administration on Aging and the Rehabilitation Services Administration?

Ms. **Martinez.** I think I would have to give the same answer. We really do not know at this point.

Mr. **Brademas.** I appreciate the candor of your response. Let me say I do not say this in a particularly critical way, I do hope that the Department, in coming to some judgments on these matters, will be in consultation with members of the legislative committees that work in these fields.

As you know, Ms. Martinez, we have had considerable struggles in respect of the reorganization and structure of some of the programs within your area of responsibility.

Without trying to impose our views upon you, I trust you will not disagree that it will be helpful in your understanding of some of what we might feel to be implications of some of these programs to get the views of some of us who have lived with these measures for a time?

Ms. **Martinez.** We would be very pleased to have your involvement in our process. We certainly want to learn from you. I do want to say one thing and that is that this is a different administration, with greater concern for human beings and for people and especially the people that the Office of Human Development serves.

It is not the previous administration which wanted to destroy our programs.

Mr. **Brademas.** I appreciate that very much. I know, without my getting into specific areas, that there were occasions in recent years when members of this subcommittee on both sides of the aisle felt constrained to do that which we really did not particularly enjoy doing, to write into the statute the table of organization for administering a particular program. We had satisfied ourselves, and again this was a bipartisan judgment, at least in Congress, that the executive branch was really not intending to carry out the intent of Congress in its implementation of the statute.

There is great sensitivity to that on this subcommittee and on other subcommittees; so I am reassured by what you have said.

I want to say, as chairman of this subcommittee, I do not have any desire to try to run the executive branch of the Government. There is too much for us to do here. I am very sensitive, as I think my colleagues are also, to being sure that the intent of Congress in writing this statute is carried out.

Ms. **Martinez.** We will be very mindful of the intent of Congress. Thank you.

Mr. **Brademas.** Mr. Jeffords, do you have another question or two?

Mr. **Jeffords.** I was concerned about the testimony of Dr. Zigler this morning in reference to problems of civil rights reporting systems that are really blocking effective reporting. I wonder if we can have the comments of the administration as to whether or not there should be changes in the existing legislation as a result of the problems raised by Dr. Zigler?

Ms. **Martinez.** Coming from a civil rights background, I am deeply concerned about civil rights, invasions of privacy. I do not know what the system is at this point. I think we really have to be very careful that we do not label people, that we do not allow them to be abused by authorities because they have been so labeled. We will look at that problem.

I think that computerization is a very serious problem. The computerization of having names and names and numbers of people, I have serious concerns.

Mr. **Jeffords**. I would appreciate it if you could prepare something for us as to whether or not we ought to have any legislative changes in order to make sure that such a problem does not exist.

Ms. **Martinez**. Yes, we will do so; for my own purposes, I would want that. We will certainly do that.

Mr. **Jeffords**. I would also like to ask what kind of technical assistance does someone like Mrs. Lapicki receive when she tries to compete with the grantsmen who, of course, swarm all over Washington and the agency and who prepare these elaborate grants?

We have what appears to be a very effective program being submitted. I am sure, without any of this kind of technical assistance. What kind of assistance do you give to people with programs like Parents Anonymous?

Mr. **Rosoff**. We have been working with Parents Anonymous and have provided support and assistance to them.

I think they have grown from about 50 chapters to about 500 and have provided assistance and involvement to, I believe, over 6,000 individuals.

Mr. **Ferro**. Over the course of the 3 years, I believe it is approximately $760,000.

Mr. **Rosoff**. The assistance was based on applications that have been reviewed and found acceptable.

Mr. **Jeffords**. I am asking what kind of assistance do you give in the preparation of the applications?

Ms. **Martinez**. Mr. Jeffords, I believe it is illegal to give technical assistance in applications for contract. Would that not be correct? I do not think we can do that under our regulations. I am not sure that would be a good thing.

I think technical assistance in other matters probably is more appropriate in terms of how the people develop their programs, helping them to develop their management systems, helping them to understand the Government, but I do not think it is appropriate to give people technical assistance in developing their requests for grants and contracts.

Mr. **Jeffords**. I realize you cannot sit down and help an individual, but what do you have in the way of model grants? Do you provide assistance to people who write in and say they want to do something?

Do you have information available so that those who are new to this know how to start their grants?

Mr. **Ferro**. The application process includes an application form and instructions and the application form in a sense structures the way in which a proposal should be submitted. Quite frankly, in the case of Parents Anonymous and this particular activity, I met personally with them and other self-help groups back in 1973 before they were funded and encouraged these groups to make application for the grant solicitations we would be sending out.

We felt it was very, very important for self referral to take place as opposed to third party referrals. That is to say, when I might call the State agency and say my next door neighbor is abusing her child, it would be far better, in our judgment for parents to recognize they have a problem and have the opportunity to request help, hopefully before any abusive or neglecting act takes place.

In the first place, we would be preventing abusive situations in a more meaningful way and second we would be providing a greater response to people who requested help.

Mr. **Rosoff**. Our research review committee is an outside group, and reviews all grant applications awarded under Sec. 426 of the Social Security Act as well as under P.L. 93–247. The committee is made up of eminent individuals in the field of child development and child welfare, including child abuse. They are very knowledgeable about both research design and program substance.

I was just looking at some data recently where over the past several years in this area of child abuse, that committee reviewed over 650 applications and funded approximately 12 percent of them.

Mr. **Jeffords**. Thank you.

Mr. **Brademas**. I just have one other question. Ms. Martinez, could you tell us either now or later if you recommend any changes in the criteria for eligibility for awards to the States?

Ms. **Martinez**. Can we do that for the record?

Mr. **Brademas**. Yes. In addition, I would be grateful if on behalf of Mr. Biaggi I could give you his other questions and ask that you respond to them. Finally, you may already do this so my suggestion may be, in that event, gratuitious, but I think it would be helpful if people from your office could monitor our hearings so that you could have some idea of what it is the various witnesses are saying and hopefuly that would be of value to you.

Ms. **Martinez**. That would be good.

Mr. **Brademas**. I want to thank you very much, Ms. Martinez and your colleagues, for coming this morning. We have benefitted from your testimony and we look forward to having you appear before our subcommittee on this and other matters.

The best of luck to you in your new responsibility.

Ms. **Martinez**. Thank you so very much.

[Questions and answers referred to follow:]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

MAR 28 1977

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Honorable John Brademas
Chairman, Subcommittee on Select Education
Education and Labor Committee
House of Representatives
Washington, D.C. 20515

Dear Mr. Brademas:

Enclosed are the questions posed by members of your Committee at the March 11 hearing and my answers to them.

I trust that the information provided will be of assistance to you in assessing the extension of the Child Abuse legislation.

Please feel free to call upon me if I can be of further assistance.

Sincerely,

Arabella Martinez

Arabella Martinez
Assistant Secretary-Designate
for Human Development

Enclosure

QUESTION 1: What have we learned about Child Abuse and Neglect since this legislation was implemented?

(a) What is the incidence of child abuse in the United States? The incidence of neglect?

ANSWER: We estimate that there are approximately one million abused and neglected children in our country. This is probably a conservative figure. Of this total, as many as 200,000 are abused, an omnibus term denoting parental failure to provide such basic necessities as food, clothing, shelter. Our best estimates indicate that some 2,000 children die each year from abuse and neglect.

Question 1(b): What are the characteristics of persons who abuse and neglect their children?

ANSWER: There are many factors which contribute to the abuse and neglect of children. Research into the contributing causes and characteristics of persons who abuse and neglect their children remains rudimentary and of fairly recent origin. However, a body of knowledge does exist concerning the kinds of people who maltreat children which is derived from behavioral theory, clinical observation and direct case practice from years of working with these special families. From these sources of information, as well as from the research findings presently available, a variety of characteristics and contributing factors can be identified.

The incidence of reported child abuse and neglect is highly concentrated in the lower socioeconomic classes, and causation is often associated with the economic and environmental stress experienced by poor people. However, we also know that the sources of those reports do not accurately reflect the child abuse which occurs in higher-income families who use the private sector of the health delivery system where child abuse is grossly underreported. The fact that child abuse has found to transcend economic, class, race, and cultural boundaries leaves us with two questions: if economic and environmental stress accounts for the problem of child maltreatment, why does it occur in high income families, and why is it that most lower income families do not mistreat their children?

Similarly, various studies have found that only a small percentage (5% - 15%) of abusing parents are actually pathological or "mentally ill" in terms of current psychiatric definitions. In this regard, most abusing parents, would not, in the words of Steele and Pollack, "seem much different than people picked by stopping the first several dozen people on a downtown street". What can be said is that it is necessary to look at all of the aspects of an abusive situation in order to determine the external stresses as well as the internal dynamics which led up to it.

It is generally agreed that the causes of child abuse and neglect are derived from a variety of sources which could be placed in three broad categories: the psychological/personality characteristics of the parents themselves, the sociological/cultural context in which a family lives, and precipitating environmental/situational pressures. The many factors contained in these three categories interact in such subtle and complex ways that they cannot be considered independently of one another. With this in mind, the following factors appear to be contributory to child abuse and neglect:

- Socio-cultural conditions, including: insufficient income; unemployment; inadequate housing and crowding; social isolation; cultural/community norms (such as the sanction of violence), heavy, continuous child care responsibility; lack of knowledge on child development or parental skills; and alcohol/drug abuse.
- Psychodynamic conditions, including: non-supportive marital relationships; poor-self concept and low self-esteem; parental history of having been abused as a child, or having been reared in a non-nurturing environment; impulse-ridden personality with little control of agression; unrealistic expectations of children and role-reversal; and parental perceptions that a child is different or difficult.
- Immediate Precipitating Conditions, including: child misbehavior; divorce/separation; loss of job; or any unanticipated personal crisis.

The following is a summary of available data which was collected by the American Humane Association under a grant from the Children's Bureau. These figures represent data on officially reported cases from 29 participating States in 1975-1976.

NATIONAL STUDY ON CHILD NEGLECT AND ABUSE REPORTING
Children's Division, American Humane Association

Highlights of 1975 National Data

These highlights, as was the case last year, are compiled to reflect the national experience with the phenomena of child neglect and abuse during calendar year 1975.

It is important to make clear that production of this data is, at best, a bonus and a by-product of the present stage of development of the National Study This project was created to demonstrate the feasibility of a data-gathering system for systematically counting reported cases of neglect and abuse. The ultimate goal and product was intended to be the creation of a system which utilized data centers or registers in each State as the primary source for the national bank. Concentration of effort, therefore, has been on: 1) encouraging voluntary entry into the National Study system; 2) stimulating States to establish patterns for central storing of information in each State; and 3) the use of a standard and universal form to produce comparable data.

Refinement of process within States to assure maximum accuracy and completeness of information gathering and recording was seen as phase II of the National Study operation--a step best taken after a substantial majority of the States had voluntarily entered the system. To have implemented and imposed quality controls and measures in phase I of the operation--the present stage--would have created additional resistance and blocks to voluntary participation by States not already enrolled in the system, and would have tended to discourage States in the early stages of participation. The reality of these assumptions was tested by National Study staff, and the knowledge was gained through bitter experience.

In light of the above, data, on which these highlights are based may be subject to question on the issue of finite accuracy. If anything, however, it may err on the side of understatement and in failing to provide additional detail or more sophisticated breakdowns.

By year-end 1975, 29 States and territories were incorporated into the National Study system. These highlights are a composite of information drawn from States participating during all of 1975 (National Study data) and from non-participating States. The latter States furnished information which was cumulative, less detailed, less complete and less specific.

With all these caveats, this report contains the best available data on national experience and provides the only documentation on incidence and characteristics. If opportunity is given to develop phase II of this data-gathering project, the margin of accuracy will be maximized.

I. Reporting: Neglect and Abuse

Total number of reports of neglect and abuse	289,837	
Number of cases investigated	228,899	(79.0%)
Status undetermined	60,938	(21.0%)
Of investigated cases of neglect and abuse	(228,899):	
Found to be valid	136,504	(59.6%)
Found not valid	92,395	(40.4%)

Thus the validation rate for neglect and abuse cases was found to be a ratio of 60-40.

II. Neglect versus Abuse

Number of neglect cases reported	69,408	(63.0%)
Number of abuse cases reported	40,718	(37.0%)

Ratio of neglect to abuse reporting was found to be about 2 neglect to 1 abuse case.

Number of neglect/abuse cases (i.e. undifferentiated neglect and abuse)	179,711	
TOTAL	289,837	

Comment:

The near 2-1 ratio of neglect over abuse reporting is biased to show a lower than true ratio because:

(1) Seven States reported only abuse cases and made no count of neglect reports;

(2) No State reported neglect only;

(3) All reporting laws made reporting of abuse mandatory--not all make neglect reporting mandatory;

(4) Eleven States reported abuse and neglect together, with no differentiation.

III. Involved Children in Reported Cases

A total of 304,329 children were reported as being involved in reported cases during the year. There was no significant difference between the sexes of the children involved.

IV. Sources of Reports

Sources	Percentage of all Reports
Agency sources Public and private social agencies, schools, and school personnel, law enforcement, courts, hotlines	39.4%
Individuals Neighbors, friends, relatives, siblings, self-referrals	40.6%
Medical Sources Hospitals, physicians, nurses, coroners, medical examiners	9.7%
Others, Not Specified	8.5%

V. Who Were Alleged Abusers-Neglecters?

This summary of results indicates that the natural parents are identified as the principal abusers-neglecters.

Relationship		Percentage of Total
Natural Parents		83.8%
Mothers	57.70%	
Fathers	26.10%	
Step-parents		6.08%
Step-fathers	4.95%	
Step-mothers	1.13%	
Adoptive Parents		.10%
Fathers	.06%	
Mothers	.04%	
Paramours		1.80%
Male	1.28%	
Female	.52%	

Other Relatives		2.40%
Siblings	.40%	
Others	2.00%	
Baby Sitters		.90%

Other categories with miniscule percentages included foster parents, grandparents, institutional staff, and neighbors. The percentages are rounded out by "unknowns."

VI. Types of Abuse Reported*

These statistics relate to types of abuse identified in validated cases of abuse or neglect and abuse.

Physical Injuries-Minor (contusions, abrasions, unspecified, no visible injuries)	30,310	50.3%
Sexual Abuse	6,372	10.6%
Physical Injuries-Major (bone fractures, subdural hematomas, internal injuries, brain damage, skull fractures)	1,384	2.3%
Burns, Scalding	1,578	2.6%
Congenital and Environmental Drug Addiction	33	.1%
Physical Abuse (unspecified)	20,557	34.1%

*More than one category may have been reported for each child.

VII. Types of Neglect Reported*

These statistics relate to types of neglect identified in validated cases of neglect or neglect and abuse.

Physical Neglect (unspecified, gross household neglect, lack of supervision, abandonment, exposure to elements, inadequate shelter, clothing, hygiene, etc.)	100,542	78.1%

Medical Neglect (lack of medical diagnosis and treatment, malnutrition, etc.)	12,388	9.6%
Emotional Neglect Psychological impairment, failure to thrive)	10,030	7.8%
Educational Neglect	5,714	4.5%
Neglect Type Not Recorded	25,058	

*More than one category may have been reported for each child.

QUESTION 1(c): How has this legislation helped to reduce the problem?

ANSWER: We recognize that no federal agency alone can eradicate this complex and multi-faceted problem. Certainly the Federal Child Abuse Prevention and Treatment Act, with an appropriation of 18.9 million dollars, cannot do it.

Nevertheless, we believe the Act has enabled us to make significant accomplishments. Our activities can be divided between the twin goals of (1) generating new information about the prevention and treatment of child abuse and neglect, and (2) helping others apply this knowledge. The following is a partial listing of activities divided by category.

Generating new information:

(1) We have funded 16 research grants to explore:

- the factors contributing to child abuse and neglect, including family, social and economic stresses;
- the relationship between drug abuse and alcohol abuse and child maltreatment;
- promising preventive and treatment techniques; and
- the means to measure and evaluate the effectiveness of programs.

(2) We have funded 26 Demonstration Treatment Centers to explore new and improved prevention and treatment methods.

(3) We have funded 16 Demonstration Resource Projects to learn how best to help States, localities, and private citizens to assess, coordinate, and improve services.

(4) We have funded 22 Demonstration Training Projects (to 16 States and 6 national professional organizations) to test the National Center's training curriculum.

(5) All of the above described demonstration projects are being evaluated by outside teams of experts to determine what seems to work and can be replicated in other communities.

(6) We have funded one contract to study the feasibility of the national incidence study (as required by the Act) and one contract to perform the study itself.

(7) Annually, we prepare a SUMMARY OF RESEARCH to keep the field abreast of recent developments. In addition, we prepared two State-of-the-Art papers, one on Child Abuse and one on Child Neglect.

(8) In addition, we have initiated a series of Research Symposia in which leaders in the field meet to share their findings and suggestions for future directions.

(9) Lastly, all on-going child abuse and neglect research and publications have been abstracted and placed on an on-line computer system that will soon be available nationwide.

Helping others apply knowledge

(1) Annually, the National Center responds to over 10,000 requests for information and publications.

(2) Since the Act's inception, over 500,000 individual publications have been printed and distributed.

(3) We performed a nationwide needs assessment which identified areas for immediate action to upgrade services in States and localities. Each HEW Region developed a two-year plan for the improvement of services. These plans are now in their second year of implementation.

(4) In consultation with 20 treatment agencies, we prepared a series of public awareness materials, including TV and media spot announcements, posters, newspaper and magazine advertisements, and a manual. These materials will be used by over 30 States in the next 18 months.

(5) We have developed technical assistance materials on how to improve State recordkeeping and central register systems. (Three models are presented, from which the States may choose or modify, as appropriate to their own needs.

(6) As an immediate measure, we directly trained 1700 individuals in a series of 5 day conferences.

(7) We have prepared a 40 hour multi-disciplinary training curriculum, which in its first year of use will help train over 30,000 professionals.

(8) Lastly, the State grant program is supporting a number of activities (see answer to question 5) which are helping States strengthen their protective and treatment systems.

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In relation to coordinating Federal activities directed toward prevention and treatment, the following have been accomplished.

- 1975 Report to the President and Congress
- Issuance of Head Start Policy Guidance
- Issuance of SRS Regulations on programs supported under Title IV-B of the Social Security Act
- Issuance of Coordination Regulations to establish a system of cooperation and shared planning.

Conclusion

We believe, however, that we have helped to increase the body of knowledge about the dynamics and treatment of child abuse and neglect and that we are successfully helping service providers apply that knowledge. We are helping to provide guidance to a field which has been characterized, in the past, by a fragmentation of resources, services, and philosophies among various professional disciplines. We have focused attention on gaps in existing knowledge and service delivery. And we are attempting to assist service providers in eliciting community support for the development of constructive, rather than punitive, treatment services.

It is, of course, impossible to claim direct credit for the major progress we are witnessing in this field. Nevertheless, the Committee may find the following informative.

o More and more people are becoming aware of the seriousness and widespread nature of the problem of child abuse and neglect. They are becoming better informed on the nature of the problem and what is involved in prevention and treatment. They are becoming more supportive of community efforts to deal with the problem. Public awareness programs are taking place or being planned in 30 States.

o Identification and reporting of child abuse and neglect has increased. Many States are recording annual increases of 20% or more in reporting.

o Even more encouraging, the number of programs working with abused and neglected children and with their parents has increased substantially. About 40% of the existing treatment programs in the country have opened their doors since 1973. (These are almost equally divided between public and private agencies.) NCCAN Demonstration projects, themselves, are providing direct services to over 10,000 children.

o In 1973, less than a handful of help lines (or "hotlines") existed to assist people with problems. Today there are more than 40 of them. The "hotlines", some of them established with the help of NCCAN Resource Projects and Regional Offices, are designed to assist people in reporting suspected child abuse on a 24 hour basis. Other "help lines" have been established with the help of State grant funds to encourage self-referrals by providing counseling and assistance to parents in trouble.

There are now more books and articles in professional publications than ever before. In the last 18 months, the Clearinghouse alone recorded an increase of 30% in the number of publications available.

- As a result of the State grant program and the interest and cooperation of the State organizations, the quality of child abuse and neglect services provided by the States has been greatly improved. Statistics, definitions, and procedures are being standardized and upgraded.

  The rapid rise in the number of States which have become eligible for State grants has guaranteed that 29 of State now provide a guardian ad litem for all children involved in child protective court cases, assure the confidentiality of case records, and provide for the outside, impartial investigation of allegations of institutional abuse and neglect.

- Self-help groups such as Parents Anonymous, now exist in every State. Three years ago, when Parents Anonymous first received federal funding, there were fewer than 60 chapters, most of them located in California. Today, there are more than 600 chapters nationwide, and their self-help WATS line received over 11,000 calls in the past year. One-half of the calls made for help to the Family Stress Center in Chula Vista, California, are self-referrals. These facts are testimony that parents themselves are learning more, and want to help themselves.

QUESTION 2: Why have not all States conformed to the requirements for funding eligibility under this Act?

(a) What are the problems States are having in meeting these requirements?

ANSWER: Major progress has been made by States in upgrading their programs, as evidenced by the dramatic growth in the number of States which have become eligible each year. Only three States were eligible during the first year of funding. In Fiscal Year 1975, the number increased to 16. In Fiscal Year 1976, 29 States received grants. We project that over 40 States will be eligible for grants in this coming fiscal year.

Two requirements which have presented the greatest difficulty for States are the comprehensive definition of child abuse and neglect and the required provision of a guardian ad litem in every judicial proceeding. Both of these criteria generally require State legislative amendments to establish eligibility.

QUESTION 2(b): How has compliance with Sec. 4(b)(3) (i.e., the section requiring that programs relating to child abuse and neglect under Title IV-A and B of the Social Security Act meet the reporting, investigation, confidentiality and cooperation requirements of the Act) affected those programs in the States? Have any of the State been unable to meet those requirements and, if so, what sanctions have been employed?

ANSWER: Final regulations for those programs and projects were issued by the Social and Rehabilitation Service of HEW on February 1, 1977. In view of the recency of issuance, we cannot assess their impact at this time. It appears that States will not have difficulty in complying because of the groundwork of effort to achieve eligibility for State grants under section 2(b)(1) of the Act.

We have every reason to expect that the result will be improved services to children and families.

QUESTION 3: Why was a decision made to return budgeted, but unspent funds (i.e., funds initially budgeted for grants to States which did not ultimately receive them because of failure to meet requirements) to the National Center, rather than redistributing these funds to States which had acceptable programs, and which requested additional funding?

ANSWER: This question was brought to the attention of the Office of the Secretary as the Department planned the implementation of the Act.

It was decided that the percentage to be actually used for State grants was to be dependent upon the number of States eligible to receive formula grants and that the 20 percent limit be reached only when all States were eligible to receive such grants. To do otherwise would build pressure for budget increases as new States become eligible for State grants.

It should also be noted that there were apparent disadvantages to concentrating so much money initially in such a limited number of States. First of all, there was the very real question of whether such large amounts of money could be used wisely. In this regard, one State has yet to expend its FY '74 grants, and a number have not expended their FY '75 grants.

Moreover, it was felt that providing such temporarily large infusions of funds would unjustifiably create expectations of continued high levels of funding in subsequent years which, as the next question asked by the Committee rightfully points out, would cause dislocation and disappointment.

However, the money was well spent to meet State and local needs. We performed a nationwide assessment of needs in all States which resulted in prioritized findings based on the recommendations of State and local officials. Almost without exceptions, these officials identified training and technical assistance as their first needs.

Training: On this basis an immediate, intensive, nationwide training program was mounted which trained 1700 professionals in less than a year at a series of 5 day seminars. For the long term, a training curriculum was developed that could be used by all States in a variety of environments at small costs to the user.

Technical Assistance: We allocated 1.6 million dollars almost 10% of the appropriation) for technical assistance activities for States to be dispensed by the HEW Regional Offices in consultation with cognizant State officials.

As I described, the decision to reallocate unspent State grant funds was made by the Secretary when only a few States were eligible. Now that a substantial majority of States will be eligible, we plan to reconsider this previous decision.

QUESTION 4: If funding for this program remains the same and all of the States conform to the requirements under Sec. 4(b)(2) won't that mean that less money will be available to the States currently receiving funds because the full 20% limit is being budgeted for 43 States? How would this be handled?

ANSWER: Yes. Since the 20% will need to be allocated to all States when they are eligible.

QUESTION 5: How many children are directly being served for abuse and neglect as a result of programs and projects funded by this legislation?

ANSWER: Treatment Demos - from July 1, 1975 to June 30, 1976

number of children receiving services 8,204.
number of families receiving services 4,930.

Innovative Demos - June 30, 1976

number of families receiving services 907.
number of children receiving services 2,099.

Total - Innovative and Treatment Demos

Families served 5,837.
Children served 10,303.

Parents Anonymous

- 600 chapters
- 6,000 parents

In addition, a number of States are using their State grants to provide services to children and families.

Hotlines

- Connecticut supports a "Care-Line" which handles approximately 750 telephone calls a year.
- Puerto Rico has just established a "hotline," for which figures are not yet available.
- Alabama opened its Statewide "hotline," supported by its State grant, as of March 11, 1977.
- Arkansas has established a "hotline" which receives approximately 1,000 reports or self-referrals per year.

Emergency Services

- Maine is just beginning a comprehensive emergency services system.

- Massachusetts is just beginning a comprehensive emergency services system.
- Rhode Island is just beginning a comprehensive emergency services system.
- New Hampshire's new comprehensive emergency services system already has provided services to approximately 50 families.
- Illinois uses its grant to supplement a comprehensive emergency services system which serves approximately 18,000 children per year.
- Michigan uses its grant to supplement a comprehensive emergency services system which serves approximately 13,000 children per year.
- Minnesota uses its grant to supplement a comprehensive emergency services system which serves approximately 18,000 children per year.

Supplementation of Treatment Services:

- Vermont has provided services for approximately 75 children in need of emergency services and/or medical consultations but who are not eligible for subsidized services through other funding sources.
- Louisiana has supplemented the support of Child Protection Centers, service approximately 3,000 families per year.
- Oklahoma purchases medical consultations from the Children's Hospital in Oklahoma City, serving approximately 1,200 children per year.
- Utah purchases approximately 700 medical consultations per year for children not eligible for reimbursed services under other social services provisions.
- Tennessee supports in-home caretakers and homemaker services in homes where abused and/or neglect have been identified. The current number being served is 138 families.

QUESTION 5(a): Is any information available on the number of children removed from their homes because of child abuse or neglect?

ANSWER: Information to answer this question is only approximate.

The American Humane Association, as part of its study of official reporting, considered (in consultation with the States) the collection of data on the number of children placed in protective custody but found that such data could not be reliably collected.

However, we do have some information from State sources concerning the reasons for foster care. Generally, States report that a prime reason for foster care in 40-60% of cases is child abuse and/or neglect. For example, one State reports that the "primary reason for placement" of 52% of the children placed in foster care was child abuse and child neglect. Another 9% had been deserted and an additional 15% were placed because their parents were "incompetent."

If one accepts the widespread estimate of 350,000 children in foster care, then a conservative estimate is that from 140,000 to 210,000 children have been placed in foster care for abuse or neglect reasons.

QUESTION 6: Is it possible for abused spouses to receive any attention in terms of services or research under this Act?

ANSWER: As a component of their family oriented services to abused and neglected children, all of our Demonstration Treatment Centers provide some services which, either directly or indirectly, assist abused spouses. For example:

- The Honolulu project has established an emergency shelter which is used exclusively to provide shelter to abused spouses and children. Additionally, the shelter staff provides other support services such as counseling and home finding so that the family might relocate back in the community, and referral for financial assistance to the mother and family when needed.
- Two Chicago projects coordinate community services such as legal aid to the abused spouse, couple-counseling when appropriate, and emergency shelter (utilizing the Salvation Army) when needed.
- The Philadelphia project provides psychiatric counseling to abused spouses and integrates its efforts with the Women-In-Transition Center, a local program designed especially for abused spouses.
- The Yakima project is housed in a large residential structure which is open on a 24-hour basis. It frequently provides emergency shelter to abused spouses and works with the families to reduce the incidence of such abuse.

In addition, although a number of our projects do not have an in-house capability to provide emergency shelter, they arrange for and provide transportation to such facilities located elsewhere in the community.

Some examples of longer range intervention services which are provided are: legal assistance, psychological evaluations of adults, individual adult counseling, parent aid/lay therapy, couple/family counseling, group counseling/therapy, Parents Anonymous participation, education services, homemaking services, transportation support, residential shelters, short term foster care, medical services, day care and baby sitting services. Uniformly, all the NCCAN Demonstration Treatment projects report that one of their most successful interventions with abusive and/or neglectful parents is in the area of improved socialization. Through various activities sponsored by the centers, parents are made to feel less isolated; they become involved in activities which permit interaction with other adults, often for the first time in their lives; and, they end up with a new and heightened sense of their own worth as individuals. This pattern is also borne out by the experience of individuals involved with Parents Anonymous.

Our demonstration efforts are showing that the successful prevention, identification and treatment of child abuse and neglect require that the services be provided to all members of the family unit.

QUESTION 7: How prevalent is the use of children in pornography, and what are the State laws relating to this practice? Do they differ from laws relating to child abuse and neglect, and if so, in what way?

ANSWER: Recognition of this problem is of such recent origin that there are no systematic estimates of its prevalence. However, recent estimates provided by Odyssey Institute, are that it is a billion dollar industry involving as many as 500,000 children.

State laws relating to the abuse (or misuse) of children in pornography vary in specifics, but all States have the equivalent of criminal statutes making "endangering the welfare" of a child a crime. Some of these State laws are called "endangering the morals" of a child. These laws differ from those relating to child abuse and neglect because in child abuse and neglect a parent or guardian must be the one who is harming the child while under these other statutes strangers to the family situation may be responsible.

As you know, Section 3 of the present Act now defines "child abuse and neglect" to include "sexual abuse." Consistent with the laws of all States, we have interpreted this definitional Section to mean that when the parents consent or allow their children to be involved in pornographic activity, then this would be a form of child abuse and neglect, commonly called "sexual misuse." Thus, a number of our demonstration treatment projects (including those in Connecticut, Newark, and Washington, D.C.) are actively working with children whose parents sexually abuse or misuse them.

However, I wish to be clear that we limit the areas that we address to situations in which the parents consent or allow the sexual misuse of their children. If the parents do not know of this activity, although it would still be "child pornography", we would not consider it under the purview of our legislative authority, although it is under the jurisdiction of State law enforcement agencies.

QUESTION 8: Although this legislation mandated "a complete and full study" of the national incidence of child abuse and neglect, why, despite the passage of three years since the enactment of P.L. 93-247 and the efforts related to gathering this information, do we still not know what the actual incidence of child abuse and neglect is in the United States?

ANSWER: The reason it has taken so long is because we have been extremely cautious in approaching this problem.

Before initiating an incidence study, we reviewed all previous work done in the area, and concluded that these studies had limitations which had to be overcome if we were to get a better sense of the true incidence of child abuse and neglect in this country.

Some of the deficiencies we noted were: (1) widely disparate estimates, ranging from 60,000 to 4 million cases a year; (2) a failure to study neglect as well as physical abuse; (3) the absence of State-by-State projections, absolutely essential for State planning, budgeting, and staffing; and (4) an inability to study trends and incidence to determine whether the amount of abuse and neglect in this country is actually increasing.

To date, the National Center has awarded two contracts in pursuit of a "full and complete investigation and study of the incidence and severity of child abuse and neglect..." /Section 2(b)(6) P.L. 93-247./ The first was for $107,000 to conduct a feasibility study of the methods which could be used to conduct this study. The following alternative approaches were identified:

1. Citizen Survey
2. Teacher Survey
3. Survey of Children
4. Nomination Survey
5. Physician and Hospital Survey
6. National Health Screening
7. Profile Development
8. Citizen Survey, Agency Records and Regression Analysis
9. Citizen Survey and National Health Screening
10. Citizen Survey, National Health Screening and Agency Records
11. National Health Screening and Teacher Survey

12. Citizen Survey, Teacher Survey, National Health Screening and Agency Records
13. Neglect Citizen Survey and Abuse Nomination Survey and Randomized Response

The estimated dollar figures for each of the above methodologies (or combination) is not provided in this answer because the formula used to estimate the cost of any study depends on several major variables including matching required study outcomes (National vs. State and national estimated) with the expected or acceptable margin of error. The National Center estimated that the range of costs for the above alternatives was between one and $12.6 million dollars.

The National Center did not fully accept the recommendation of this project because of the problems associated with the proposed methodologies and their projected costs. (For example, sending social workers into homes to make neglect judgements did not appear to be feasible. The problems with defining the referent group in a nomination technique was so significant that an acceptable margin of error could not be maintained for a reasonable cost.)

Subsequent to this initial study, we identified five additional approaches:

14. Official Reporting Only
15. Professionals Survey (Prospective)
16. Citizen Survey and Professionals Survey
17. Professional Survey (Prospective) Review of Agency Records, Official Reporting, Special Benchmark Studies, Selected Citizens Survey
18. Social Variable Co-Relation Schema

On the basis of what was learned from the initial feasibility study, we initiated a two phase incidence study. Phase I (for $511,000) is to develop and pre-test the most likely methodologies for a successful study, and Phase II (for $950,000) is to implement the methodologies, analyze the data, and develop incidence/prevelance rates for child abuse and neglect. This study will seek to improve the information we have on true incidence, severity, and, for the first time, provide State-by-State projections. The study is being designed so that it can be replicated periodically at considerably less expense. This will enable us to develop information on trends, as required by the Act.

During the first phase of the incidence study, operational definitions of child abuse and neglect are being developed and tested, as are the data collection methods. Only if a practical and workable design is developed during this first phase will we begin the second, more expensive phase of data collection.

We are pre-testing the following methodologies: a prospective community professional saturation survey (how much child abuse and neglect is seen in the course of professional activities); a self report citizen's survey (how many people will say they have injured their children); a review of the officially reported cases to child protective services; a review of agency records; and review of other data sources (emergency hospital admission, family violence, accidental injuries) which serve as proxy indicators of violence against children.

Once completed and evaluated, a final study design which maximizes our requirements within an acceptable dollar range will be implemented.

We expect the incidence study to provide much needed information for researchers, policy planners, and program managers. Only with information about the potential number of cases in a community can rational planning be performed.

QUESTION 9: In testimony given to this Subcommittee on February 25, it was alleged that a substantial amount of funds had been awarded to private, profit-making organizations by the National Center. Can you provide a financial listing which would breakdown grants awarded between profit-making and non-profit organizations?

ANSWER: This question asks whether "grants" have been made to profit-making organizations.

No grants have been made to profit-making organizations.

In relation to contracts, although non-profit organizations competed for them, as it happened, all contracts were awarded to profit-making organizations.

For a discussion of HEW contract and grant procedures, as well as a full financial listing of NCCAN contracts, please refer to the answer to question 10.

QUESTION 10: I have a summary of research grants which appear to have been awarded to consulting and other profit-making firms in FY 1975, which shows that approximately $3 million was awarded to these types of firms for research and evaluation by the National Center on Child Abuse and Neglect. This compared to a total of $902,251 awarded to sixteen States during the same year, and represents a substantial portion (20%) of the $15 million appropriated for the implementation of the Act in 1975.

(a) Can you explain why, with all the non-profit organizations and agencies involved in the area of child abuse and neglect, so much was awarded to these private profit-making firms? (The largest grant awarded to a State in FY '75 was $161,700 with most States getting less than $50,000. This compares to grants averaging about $350,000 to private profit-making firms.)

ANSWER: The summary referred to in the question regarding the award of $3 million to consulting and other profit-making firms in Fiscal Year 1975 contains the following errors:

(1) The Curricula Development ($597,026), National Incidence Feasibility Study (dollar figure in original report provided by NCCAN not given), and Clearinghouse of Information & Summary of Research ($494,014) were all Fiscal Year 1974 awards. This total $1,091,040.

(2) The Evaluation of Demonstration Centers ($224,916), Formative Evaluation of Resource Projects ($304,878), and Formative Evaluation of Innovative Demonstrations ($161,851) were all Fiscal Year 1976 awards. This totals $691,645.

Thus, $1,782,685 should be subtracted from the $3,509,678 sum that the list notes, leaving a total of $1,726,993. However, the list overlooked one additional contract awarded in the amount of $560,857 in Fiscal Year 1975 to a profit-making firm for the purpose of Development and Improvement of Reporting Systems and Central Registers. Thus, the actual amount of contract awards to consulting or profit-making firms in Fiscal Year 1975 is $2,287,850, or $1,221,828 less than the figure of $3,509,678 on the summary cited.

The Department's Grants Administration Manual requires that procurement contracts be used for acquiring goods, property, systems or services, such as technical assistance, surveys, evaluations, specified materials, and training, except where an organization or State is providing training or technical assistance to its members or State staff, respectively.

Grants, on the other hand, are used where a creative approach is required and where the specifications must remain flexible. Best effort, as in a demonstration is required, rather than a specific product or service. As a matter of policy grants are never awarded to profit-making firms.

The initial process is similar for contracts and grants. A statement of the desired outcome ("work statement") is developed and approved by program and grant and contract administration offices and is sent to potential applicants or bidders. (The program office maintains a mailing list of individuals who have requested copies of grant announcements. Contract announcements are published in the Commerce Business Daily.)

Contract proposals are read by a panel of three of more Federal employees and acceptable proposals are ranked according to the criteria specified in the request for proposal. Responsiveness to the request, the quality of staff and the work plan are three key criteria used to judge proposals. Then the cost proposals of the acceptable bidders only are reviewed, and an award is made to the successful bidder by the contracts administration office.

Grants are reviewed by a committee of twenty outside experts in the fields of child development and child welfare. The committee reviews the applications based on the priority statements, votes whether to recommend each application, and then ranks those recommended for approval. (Where there might be a conflict of interest between an applicant and a committee member, two other reviewers, not on the committee, critique the application. There were no such child abuse and neglect submissions in FY 1976). The program office then selects applications for grant awards, based primarily on the recommendations of the review committee, but also based on such factors as geographic distribution (as required by Section 4(d) of the Act) and budget constraints.

Approximately 652 grant applications were received by the National Center on Child Abuse and Neglect during the past twenty-four (24) months. Eighty-two (82); or 12.5% of the applications were approved and awarded grants.

The National Center also issued a number of Requests for Proposals for various specific services of program related products. A total of some 75 contract bids were received and reviewed in connection with these procurements. Fifteen (15); or approximately 20% of the proposals were awarded contracts.

In comparison, the Child Welfare Research and Demonstration Grant program funded sixty-four (64) out of a total of 856 proposals submitted during Fiscal Year 1974 - 1976; or approximately 7.5% of the applications were approved.

Final program approval of all grants and contracts is given by the Director of the Office of Child Development.

In all cases, we have scrupulously followed these processes.

In the contracting process, our highest priority is to achieve the best quality at the lowest possible cost to the Government. Non-profit as well as profit concerns are given equal consideration throughout the contract process.

The following list indicates, by contract, the number of proposals reviewed before selection of a contractor:

1. Summarization of Research on Child Abuse and Neglect

   Recipient - Herner and Company, Washington, D.C.

   Number of bidders - 8

2. Information Clearinghouse on Programs

   Recipient - Herner and Company, Washington, D.C.

   Number of bidders - 4

3. Child Abuse and Neglect Curriculum Development

   Recipient - Urban and Rural Systems Associates, San Francisco

   Number of bidders - 28

4. Child Abuse and Neglect Audio-Visual Training Development

   Recipient - META/4 Productions, Inc., Hollywood, California

   Number of bidders - 5

5. Development of Child Abuse and Neglect Public Awareness Program and Materials

   Recipient - Joseph A. Davis Consultants, Inc., New York, NY

   Number of bidders - 18

6. Provisions of Technical Assistance in the Development and Improvement of Child Abuse and Neglect Systems and Central Registers

   Recipient - National Institute for Community Development, Washington, D.C.

   Number of bidders - 7

7. Assessment of Training and Technical Assistance Requirements of Child Abuse and Neglect Programs

   Recipient - Development Associates, Washington, D.C.

   Number of bidders - 3

8. Provision for Training of Selected Personnel From Organizations Having Child Abuse and Neglect Responsibilities in Regions I to V

   Recipient - Kirschner Associates, Inc., Washington, D.C.

   Number of bidders - 4

9. Provision for Training of Selected Personnel From Organizations Having Child Abuse and Neglect Responsibilities in Regions VI to X and Among Indian Populations

   Recipient - Urban and Rural Systems Associates, San Francisco

   Number of bidders - 5

10. National Incidence Feasibility Study

Recipient - Burt Associates, Inc., Bethesda, Maryland

Number of bidders - 9

11. Study of National Incidence of Child Abuse and Neglect

Recipient - Westat, Washington, D.C.

Number of bidders - 6

12. Formative Evaluation of Demonstration Treatment Centers

Recipient - E.H. White and Company, San Francisco

Number of bidders - 5

13. Formative Evaluation of Demonstration Resource Projects

Recipient - Associate Control Research and Analysis, Inc., Washington, D.C.

Number of bidders - 3

14. Formative Evaluation of Innovative Demonstration Centers

Recipient - Community Programs, Inc., Washington, D.C.

Number of bidders - 9

15. Summative Evaluation of Demonstration Centers and Innovative Demonstration Centers

Recipient - Development Associates, Washington, D.C.

Number of bidders - 5

16. Evaluation of Training Demonstrations

Recipient - National Institute for Advanced Studies, Washington, D.C.

Number of bidders - 3

17. Development of Standards For Child Abuse and Neglect

Recipient - National Institute for Advanced Studies, Washington, D.C.

Number of bidders - 3

QUESTION 10(b): Is this high proportion of funding to private profit-making firms still the case?

ANSWER: The amount of funds obligated to profit-making firms has remained relatively constant. However, the proportion of funding to profit-making firms has decreased from 16% in Fiscal Year 1975 to 13% in Fiscal Year 1976.

QUESTION 11: Other testimony provided at the previous hearing alleged that we now have enough information on the subject of child abuse and neglect available to reduce the amount of grants for research and demonstration and increase grants for actual treatment and service programs.

(a) How does your department respond to this suggestion?

ANSWER: As part of its review of the present Act, the new Administration will be evaluating the appropriateness of the present legislatively mandated formula which requires 50% of the Act's appropriations be spent on demonstration projects and limits to 5-20% the amount to be spent on State grants. Therefore, at this time, we are unable to provide you with a definitive answer to this question. However, as the answer to question five indicates, the Demonstration Treatment Projects funded under the Act provide substantial services to children and families.

QUESTION 11 (b): How do the grant amounts for research and demonstration compare to those for programs which are directly involved in treatment and prevention of abused children and their families?

ANSWER: Research: Between 10 and 20 percent of the appropriation, varying from year to year.

Demonstration: Over 50% of the appropriation is used to support demonstration projects, because the Act requires that at least 50% of the appropriation be used for these purposes.

Treatment: Approximately two-thirds of the above demonstration activity involves the direct provision of services to children and families in need. In addition, two-thirds of State grant funds go to support direct treatment of children and families.

QUESTION 12: There has been some suggestion that more funds be made available to the States to administer child abuse and neglect programs. Currently the grants system for child abuse and neglect programs is complicated by the fact that there are several Federal sources of funding for these types of projects (i.e., NCCAN, Office of Child Development, Health Resources Administration, SRS, LEAA, OE, Department of Justice, and Public Health Service).

(a) Is there any hope that the Administration reorganization of DHEW will alleviate these problems? Will the current National Center for Child Abuse and Neglect be assuming control of all grant reviews and awards for child abuse and neglect?

(b) How will the Administration reorganization affect NCCAN? Will it remain as part of the Children's Bureau?

(c) Will the Children's Bureau and/or its responsibilities be changed in any way under the new reorganization?

ANSWER: As you know, the reorganization has just been announced. Generally, the above are all questions that we in the new Administration are considering. At this time, we are unable to provide you with any definitive answers. However, in relation to the question of the location of the National Center on Child Abuse, I can report that we plan to keep it within the Children's Bureau.

QUESTION 1: It was stated during the testimony of Dr. Vincent Fontana at the Subcommittee's first hearing that the city of New York did not receive any funds under the Child Abuse Act. Can you confirm this charge? If you dispute the claim, can you provide the Committee with a specific breakdown for the amounts of funds which the city has received and for what purposes? Would you compare these figures with another major city with a high incidence of child abuse?

ANSWER: The above statement is true only if one excludes grants made to New York State agencies and grants made to private agencies within the city of New York.

The Human Resources Administration of New York City was one of 17 agencies from New York City to apply for grants (and one of 60 to apply from New York State). Its grant application was found not approvable by the panel of 20 independent, non-federal, outside reviewers.

Nevertheless, child abuse and neglect activities supported by P.L. 93-247 have been substantial in New York State and New York City.

New York State is eligible for a State grant under the Act. To date, New York has received $552,303 ($231,806 from FY '76 funds). These funds have been earmarked for: (1) the provision of technical assistance to communities in all parts of New York State and (2) a program in New York City for meeting the treatment needs of abused and neglected children and their families.

Technical assistance grants to the New York State Department of Social Services in the amount of $80,000 annually from the Regional Office support improved planning and coordination services at the local level. Half of these monies are earmarked for the improvement of child protective services in New York City.

Brooklyn is the site of a demonstration treatment center, sponsored by the Wiltwyck School, which received approximately $250,000 per year, over the past 2 years. In addition, there are two research projects in New York City. One located at the Child Welfare League of America is funded at $117,000 annually and the other, at the Downstate Medical Center, is funded at $120,000 annually.

Other State Department activities funded by the National Center that affect New York City are two training demonstration grants, funded at $65,000 each, to the State Departments of Education and Social Services.

In addition, a special Statewide Demonstration Resource project is located at the College of Human Ecology of Cornell University and funded at approximately $250,000 annually. The Cornell project, also supported by State monies, was funded to provide a variety of technical assistance services to the entire State, including New York City.

By comparison, California and Illinois have received the following grants:

California	FY 1975	FY 1976
State Grant	-0-	$439,500
Training Demonstration Grant (State Department of Health)	-0-	65,000
Los Angeles - Regional Resource Demonstration Grant (Shared with Nevada, Hawaii, and the Pacific Trust Territories, located at California State University	$270,000	320,000
Oakland - Urban Indian Child Resource Center, Demonstration Grant	155,000	155,000
Chula Vista - Family Stress Center Demonstration Grant	150,000	168,000
Illinois		
State Grant	112,800	260,000
Training Demonstration Grants (Department of Social Services and Office of Education)	-0-	130,000
Evanston - Family and Child Advocates Demonstration Grant	175,000	177,000
Chicago - Metropolitan Area Protective Services Project Demonstration Grant	250,000	250,000

QUESTION 2: The Urban and Rural Associates of San Francisco, California, were the recipients of two major contracts from the NCCAN totaling more than $1.1 million. Can you explain to the Committee the purpose for which these monies were awarded? Can you provide the Committee with the names of the major officials of Urban and Rural Associates and tell us whether any of their personnel involved in the contract work had any previous affiliation with the Department of Health, Education, and Welfare?

ANSWER: Urban and Rural Associates received two contracts:

HEW-105-75-1104: To develop the NCCAN Child Abuse and Neglect Training Curriculum, "We Can Help." (There were 28 bidders for this contract.)

HEW-105-75-1112: To provide training for selected personnel from organizations having child abuse and neglect responsibilities in HEW regions VI-X and among Indian populations. (There were five bidders for this contract.)

No principal of Urban and Rural Systems Associates, Inc. had any previous affiliation with HEW.

Noel A. Day, Partner: Mr. Day has never been directly employed by the U.S. Department of Health, Education, and Welfare. He has served as project director on HEW contracts awarded to firms for which he has worked.

David Boorkman, Partner: Mr. Boorkman has never been employed by the U.S. Department of Health, Education, and Welfare. He has always been an attorney in the private sector except for a summer employment internship with the U.S. Office of Economic Opportunity while in law school.

Dominic Garofalo, Partner: Mr. Garofalo has never been employed by the U.S. Department of Health, Education and Welfare. Before becoming a consultant with private firms, he served as a public official with the U.S. Office of Economic Opportunity (1964-1968).

Beatrice N. Levine, Partner: Ms. Levine has never been employed by the U.S. Department of Health, Education, and Welfare.

Among the professional staff who worked on the two URSA contracts, only Philip Wheeler, who worked on the curriculum unit for education in the curriculum development staff, was a previous employee of DHEW. He had been employed by the Office of Education from 1966-67 and 1969-72.

QUESTION 3: The Center has spent more than one million dollars to conduct a national incidence study on child abuse. Despite the large expenditures, is it not true that no conclusive incidence study has yet been completed? In one case, Burt Associates of Bethesda, Maryland, was awarded a major contract to develop methodologies to undertake a national incidence study. Burt Associates proposed thirteen different methodologies, yet none were accepted by the Center. Can you explain?

ANSWER: The National Center has obligated $616,853 to conduct the incidence study. ($105,000 for the feasibility study and $511,853 for the first phase of the actual study). But, up to this time, only about half this amount has actually been spent.

For the answer to the remainder of this question, please refer to the answer to question 8.

QUESTION 3(b):	Fundamental to this question is: does the National Center feel that reliable estimates of the national incidence of child abuse and neglect be gathered?
ANSWER:	Yes. But, as the answer to question 8, indicates, we are approaching this complex methodological problem with great care and within existing dollar constraints.

QUESTION 3(c): What alternative approaches to developing national incidence statistics have been considered by the Center?

ANSWER: Please refer to the answer to question 8, above.

QUESTION 4: Can you explain to the Committee in full detail the events which led to the decision by DHEW on December 10, 1976, to cancel a $553,000 contract to Development Associates, Inc. to conduct a summative evaluation of NCCAN's twelve treatment and eight demonstration projects? Can you explain the merits of the bid protests? What steps are being taken to prevent such a problem from reoccurring in the future?

ANSWER: The cancellation of this contract resulted from a procedural error committed by the contracts office during the final phase of the negotiation process. Let me explain our procurement procedures and point out where this procedural error occurred.

Once a group of proposals have been received from a competitive solicitation, they are reviewed and evaluated by a panel composed of program staff. Undoubtedly, this is the most difficult task in the procurement process. It is at this point where the program personnel performing the evaluation are required to make explicit value judgments, put those judgments in writing, and ultimately make definite "yes" and "no" decisions within tight time constraints. Members of such a review and evaluation panel are accorded a high level of autonomy -- they are mandated to render objective and impartial opinions, and specific procedural steps have been establish to insure that outcome.

In the case of this particular procurement, the panel which was initially constituted to evaluate the five proposals which were received had substantial difficulty in providing the necessary technical data which the contract office needed in order to make a choice of contractor and negotiate a contract which would be in the best interests of the Government. The contract office concluded that this panel had failed to provide adequate written justification to support the numerical scores which the panel members had assigned the various proposals; that the wide variance among the assigned scores reflected a failure on the part of the panel to work toward a resolution of differences and, that no action would be taken on this procurement until such time as these problems were resolved.

The agency, in conjunction with the contracts office, decided that the most effective way to resolve this impasses was to discharge the initial panel and convene a new technical evaluation panel which would be free of the internal conflicts which had hampered the earlier panel and to assign a new Procurement Contract Officer (PCO). All offerors were notified by the contracts office of the delay in the evaluation process and all were advised that each would be afforded an opportunity to resubmit a new best and final offer during the forthcoming evaluation.

The second panel completed the technical evaluation of the proposals and provided all necessary information to the contracting officer. In the business evaluation of the cost proposals which then followed, the Procurement Contract Officer (PCO) noted that one offeror submitted a cost proposal that was substantially (24%) above the cost of all others. Unaware of the previous Procurement Contract Officer's assurance that all offerors would be permitted to resubmit a best and final offer, and unaware that this bidder had reduced its cost proposal by $200,000, (bringing the bid within the competitive range of the other bids), he ruled the "high cost" proposal out of competitive range and subsequently made an award to another offeror.

OHD contracting procedures are being revised to more clearly define the role of the contracting officer. In addition, all contract staff is being involved in training efforts to better acquaint them with Federal Procurement Regulations. These efforts should prevent problems of this nature in the future.

QUESTION 5: Can you tell the Committee the makeup of the National Center with special emphasis on the qualifications of the personnel according to their previous experience in child abuse work? How many NCCAN staff were transferred from either the Office of Human Development or the Office of Child Development?

ANSWER: The National Center staff is composed of professionals from a wide range of disciplines including social work, law, public administration, and information systems. Almost half of the staff have had direct treatment responsibility with abusive and neglectful families. Three members of the present NCCAN staff (professionals) are transferees from other elements within OHD. One was transferred within OCD. Two of the staff come from closely related programs within SRS. All were hired within the framework of civil service policy, procedures and regulations.

Office of the Director:

Director - Mr. Douglas J. Besharov

Mr. Besharov holds B.A., J.D., and Ll.M. degrees. He has had extensive experience in the development of legislation and service delivery programs to meet the problems of juvenile delinquency and child abuse. He served as Executive Director of the New York State Assembly Select Committee on Child Abuse and Neglect prior to his joining the Center. Before joining the Federal Government, Mr. Besharov was an adjunct Assistant Professor of Law at New York University. He is broadly known in the field and recognized as an authority on all aspects of child abuse and neglect.

Special Assistant - Mr. Jay Olson

Mr. Olson holds B.A. and M.S.W. degrees. His experience encompasses service in Juvenile Courts at the local level in child protective services as well as serving as Director of Court Services. Within the Federal Government he has served in a variety of programs designed to provide services for children and youth at risk. He has conducted studies and surveys of children at risk at the local and State level which have led to administrative, procedural or legislative changes.

Program Assistant - Ms. Arlene Taylor

Prior to joining the staff of NCCAN, Ms. Taylor served for several years as an Administrative Assistant in the Research and Evaluation Division of the Office of Child Development where she was responsible for maintaining an administrative system to provide for the review of grant applications and the internal administrative processing and management of all OCD grants. She possesses over fifteen years of experience in administrative type activities within the Federal Government.

Program Policy and Planning Branch:

Chief - Mr. E.T. Stonecipher

Mr. Stonecipher holds B.A. and M.A. degrees. He has had extensive experience in the design, development, implementation and management of a wide variety of human service delivery systems. Among these have been programs for youth in residential settings; evaluations of day care programs; alternative residential centers for juvenile offenders; and, programs to strengthen and improve family life. He has served in both the public and private sectors at the upper management level with responsibility for policy formulation, implementation and management.

Program Analyst (Technical Assistance) - Ms. Kathleen Hall

Ms. Hall holds an M.S.W. in the area of child welfare program development. Prior to joining NCCAN she was the Director of Social Work Training in a child abuse project serving a multi-state area. She conducted a needs assessment to develop Protective Services Guidelines for the State of Maryland and served as Coordinator to design a computerized central register on child abuse and neglect. She was the founder of Parents Anonymous in the State of Maryland and state coordinator of that program in New Jersey. Her prior experience includes several years as a therapist with abusive and neglectful families and as a caseworker in a care institution for abused and disturbed children.

Program Analyst (Training) - Mr. James Harrell

Mr. Harrell holds B.A., B.D., and M.A. degrees plus having completed additional course work. He is broadly experienced in training and staff development for community based child development programs, the development and publication of training materials, and in technical assistance for program development and management, training curriculum development and in the involvement of parents.

Program Analyst (Demonstration Programs) - Mr. Roland Sneed

Mr. Sneed holds a B.A. degree and has completed additional graduate level course work in Social Work and Public Administration. He worked as a caseworker for over seven years in both rural and urban settings. He has been involved in urban community action programs. Since entering government service in 1970 and prior to joining the center staff, he worked with the Community Services Administration of SRS in service delivery, program monitoring and the development of management information.

Program Analyst (Demonstration Programs) - Ms. Karen Mitchell

Ms. Mitchell holds a B.A. degree and has completed additional graduate level course work toward a Master's degree in Public Welfare Administration. Prior to joining the NCCAN staff she had worked with the Early and Periodic Screening, Diagnosis and Treatment Program of the Federal Medicaid Program and with the Administration on Aging, both programs which address the needs of vulnerable populations.

Program Analyst (Planning) - Mr. John P. Corrigan

Mr. Corrigan holds a B.A. degree and has completed additional course work. He has extensive experience in the design as well as the actual operation and management of programs related to the provision of human services including models for group health practices, mobile health services for migrants, emergency medical services, the establishment of community support services in rural areas, and the deinstitutionalization of juvenile offenders. He was involved in the establishment and operation of an industrial sponsored day care/child development center and participated in a national evaluation of day care services for WIN mothers.

Clearinghouse Branch:

Chief - Ms. Miriam W. Rappaport

Ms. Rappaport holds B.A.and M.Ed. degrees plus having completed graduate level work in Communication Sciences Corporation Education for Public Management program. Her experience includes all phases of information processing including abstracting, indexing, cataloging and thesaurus development. She has had responsibility for the development, installation, and management of information systems both in the public and private sector.

Technical Information Specialist -- Mr. Joseph G. Wechsler

Mr. Wechsler holds a B.A. degree and has completed extensive additional schooling on all aspects of data processing. Prior to joining the NCCAN staff, he served as a Management Systems Specialist in the Medicaid Systems Division of SRS as the lead analyst in determining information systems requirements for case management of the child health screening program.

Technical Information Specialist - Ms. Theresa F. Arney

Ms. Arney holds a B.A. degree in Sociology and has an educational background and work experience in the areas of mental retardation, behavioral psychology and social work dealing with children and families at risk. Prior to entering Federal service and joining the NCCAN staff, she was involved in establishing a system of computerized information on child abuse and neglect.

Communications Assistant - Ms. Frances C. Berry

Ms. Berry has completed various undergraduate level courses in the area of Social and Child Psychology, Principles of Editing and Editorial Planning. Prior to joining NCCAN staff she worked in the information office of the Office of Youth Development answering correspondence, organizing immediate and long range information programs, maintaining mailing lists and getting publications developed and printed.

QUESTION: What are the names of the persons on the panel that reviewed contract proposals to produce the National Center's training curriculum?

ANSWER: The members of the panel are listed below together with their professional degrees and their HEW affiliation:

Preston Bruce, Ed.D. (OCD)
Charles Gershenson, Ph.D. (OCD)
Esther Kresh, Ph.D. (OCD)
Geraldine McKinney, M.A. (SRS)
Phyllis Nophlin, M.S.W. (OCD)
Clayton Roth, M.P.A. (OCD)
Henrietta Villaescusa, B.A. (BCSH)

QUESTION: Do you recommend any changes in the criteria for eligibility for awards to the States?

ANSWER: As I indicated in the answer to the previous question, in the next year, the new Administration will be reviewing all aspects of this legislation. After this review, we will be in a position to determine whether any changes in the law are necessary.

QUESTION: Do you recommend any changes in the law to insure that the civil rights of those involved in the child protective process are fully protected?

ANSWER: In a previous question concerning Dr. Zigler's testimony, we have attempted to describe the civil rights issues inherent in child abuse and neglect services.

In relation to whether legislative changes are needed, let me say that, in the next year, the new Administration will study all aspects of the implementation of the law. After that study, we will be in a position to determine whether any changes in the law are necessary.

QUESTION: What did the Center recommend to the Department and the Department to OMB for FY 1978?

ANSWER: The Department established a policy of requesting for FY 1978 the current level of funding for FY 1977. Thus, the request from the Center and the Department to OMB was $18,928,000.

QUESTION: When Dr. Edward Zigler testified, he commented concerning stringent reporting laws which resulted in the labeling and violation of the civil rights of individuals. What are the implications of stringent reporting laws on civil rights?

ANSWER: Without appropriate safeguards, stringent reporting laws could indeed infringe or be interpreted to infringe on civil rights. A report of suspected child abuse and neglect has a negative impact on the whole family, which must go through unavoidably stressful, and, in essence, accusatory child protective investigation. Whether or not the original report was made in good faith, a poorly performed investigation may severely compromise the privacy of those involved and may stigmatize the child and the family in the eyes of the community. We know too well the danger that such labelling can be a self-fulfilling prophecey. Even the health and welfare services used by child protective agencies may be viewed as a coercive intrusion into family life; and in some situations, they may be.

On the other hand, the only way to absolutely eradicate such potential civil rights problems is to do away with reporting altogether. But this would also create unacceptable problems for society. When adults are harmed, they can seek help on their own from the proper authorities. However, the victims of child abuse and neglect are often too young or too frightened to seek help on their own. It is for this reason that State reporting laws were developed in the 1960's because most professionals seemed unwilling to seek help for the endangered child without the provision of legal mandates and immunity from liability for libel and breach of confidentiality.

Without stringent reporting laws, many children who could be protected had their plight been brought to the attention of the proper authorities would continue to suffer harm and perhaps even death.

Implicit in most recent child protective legislation is the legislative finding that the balance between children's rights and parents rights must be weighted in favor of protecting the child. Experience in all States shows that all but a handful of reports are made in good faith. Nevertheless, it is important to protect traditional American values of fairness in legality as we seek to protect endangered children. Thus, as we seek to encourage them to improve and upgrade their child protective systems, we seek also to have them improve the provision they make to protect the civil rights of all involved. Legal safeguards can be provided to protect the parental rights without unreasonably endangering the children. The law should accord to both child and parent the full safeguards of fundamental fairness, confidentiality, and due process of law; laws should not authorize coercive intervention into family life unless there is sufficient reason to believe that child abuse and child neglect exist. All records should be confidential and be made available only in clearly defined situations. Whenever a family needs services, they should be offered first on a voluntary basis.

While we in no event wish to limit our continuing efforts to strengthen the protections of privacy and civil liberties, we think the present Act should be recognized as a major landmark in improving those protections as it stands now. In the 29 eligible states, the present Act has been responsible for:

- the passage and implementation of State confidentiality statutes; (example, the single issue preventing one State from becoming eligible is that it has no provision for a criminal or civil penalty for the unathorized disclosure of information concerning child abuse and neglect cases.)
- a guardian ad litem in child protective proceedings;
- the establishment of outside investigative processes to insure that allegations of institutional and agency misconduct against children are fully and impartially investigated.

Although these are just the beginnings of the kinds of improvements and protections to individual rights (as outlined abové) that we would like to see incorporated into State child protective systems, they are important and major first steps. In many ways, they are a major legacy of the first three years of the Act's existence.

QUESTION: What are the implications and effects on Research and Demonstration projects if 80% went to States and 20% to Research and Demonstration?

Answer: At the present time, each year's appropriation under the Act is spent as follows:

Demonstration Projects - 50% (as mandated by the Act)

Training and Technical Assistance - 10-15%

State Grants - 20%

Clearinghouse and Other Information Dissemination Activities - 5%

If the 80/20% formula (totaling 100% of the Act's appropriation) were adopted, there would be no funds available for training, technical assistance, and information dissemination activities. Hence, we would have to cease operations of the National Center's Clearinghouse on Programs and Research; we would have to cease publication and dissemination of reports, pamphlets, and other materials generated by our projects as well as by the field in general; we would have to cease providing training and technical assistance to State agencies and local public and private organizations, such as technical assistance relating to the development of multidisciplinary teams, prevention programs, parental self-help groups including Parents Anonymous.

If research and demonstration activities were limited to 20% of the Act's appropriations, then we would have to reduce by 60% our planned R&D activities for the coming years. While we cannot, at this time, identify which of the following planned activities would have to be cancelled, two-thirds of the following projects would have to be cancelled or seriously curtailed:

- Research on the developmental consequences of abuse and neglect on children (including lags in development and the appearance of anti-social behavior);
- Research into the relationship between poverty and other societal factors and child maltreatment;

research into the relationship between family breakdown (including marital stress and the deterioration of family life generally) and child maltreatment; research into the most efficient service program configurations and service delivery systems;

- Research on factors and considerations in child protective decision-making;
- Demonstration projects on how best to upgrade existing child protective programs within the framework of the Federal Standards for Child Abuse and Neglect programs;
- Demonstration projects on improved methods to treat such special program issues as sexual abuse, adolescent abuse and neglect, parental self-referral, long term case management, and the emotional/developmental consequences of child abuse and neglect on children;
- Demonstration projects designed to improve methods of identification, investigation, and corrective action in regard to institutional abuse and neglect;
- Demonstration projects designed to identify improved approaches to court handling of child protective cases;
- Demonstration projects designed to identify more effective State planning and coordinating capacities, including funds to establish State child abuse and neglect offices;
- Demonstrations to explore the most effective use of private agencies and groups in the prevention, identification, and treatment of child abuse and neglect.

On the other hand, State activities supported through State grants would increase (however, as the above illustrates, the total amount of funds being made available to States might remain relatively constant since more than half of our future demonstration activity is targeted to State and local agencies). The average State grant would triple in size, allowing us to establish more ambitious program goals in this area. Thus, we could move from projects related to the development of State management capacities and limited service provision (such as comprehensive emergency services) to such areas as developing comprehensive service programs on a community-wide basis designed to reach all aspects of the prevention and treatment of child abuse and neglect.

Mr. **Brademas.** Our final witness today is Harold Rosenthal, director, Division of Youth and Family Services of the State of New Jersey. Mr. Rosenthal, we appreciate your coming.

I note that your testimony is very lengthy. Given that and the lateness of the hour, I wondered sir if you would be willing to summarize your statement and allow us to put it, in its entirety, in the record and perhaps give particular attention to your recommendations in order that we could put some questions to you and your colleague?

STATEMENT OF HAROLD ROSENTHAL, DIRECTOR, DIVISION OF YOUTH AND FAMILY SERVICES, STATE OF NEW JERSEY, ACCOMPANIED BY THEODORE JOSEPH, SUPERVISING PROGRAM DEVELOPING SPECIALIST

Mr. **Rosenthal.** I would like to introduce Theodore Joseph who is our principal staff assistant in the coordination of all of our protective services program.

Mr. Chairman, members of the subcommittee, I thank you for the opportunity to present testimony on the renewal of the Child Abuse Prevention and Treatment Act. I am Harold Rosenthal, director of the New Jersey Division of Youth and Family Services.

I am hopeful that the written testimony already submitted will reveal the extent of New Jersey's efforts in meeting the problems of child abuse and neglect.

For the past 3½ years, we have experienced what can only be termed an alarming increase in the number of children under agency supervision for protective services purposes.

From June of 1973 when less than 3,400 protective services children comprised 13.3 percent of our entire caseload, there has been an eightfold increase December of 1976. Once slightly over 29,000 protective services comprised 72.6 percent of our total caseload.

It is important to note two things, first, the State of New Jersey has committed almost one-quarter of its entire title 20 allocation to child abuse and neglect programs. Second, the overall demand for all social services has brought us to the limit of our title 20 funding.

These factors have resulted in the deepening financial and programmatic crisis in administering our responsibility for child protection services. If present trends of protective services caseload growth continues, we will become an agency whose direct services will be delivered almost exclusively to children who have already experienced serious abuse and neglect.

Thus forcing the elimination of any meaningful services or resources which can be devoted to early invention and prevention. The foregoing is the background upon which our recommendations for the renewal of Public Law 92-247 are presented.

In the absence of increased title 20 dollars we must look more intently to this act for relief of our present service needs and most importantly for the improvement of our service technology through training, demonstration and evaluation funding.

The legislation does not adequately address State needs. The 5 to 20 percent authorized for State grants is too low. This is compounded by unrealistic Federal regulations which have resulted in only 6.9 percent of the total appropriation being released by the end of fiscal year 1976.

New Jersey has been particularly frustrated in our inability to obtain our State grant because we do not have in our State laws a criminal sanction against the violation of confidentiality in child abuse and neglect cases and we do not qualify.

Despite the existence of the law requiring that all reports of abuse and neglect be kept confidential and strict administrative provisions regarding confidentiality, only 21 jurisdictions have fully met the regulatory criteria as of the close of fiscal 1976 which has significantly contributed to the gap between the actual expenditure of approximately $19,000,000 made under the act out of a total authorization of $25,000,000.

It would appear the recommended appropriation for renewal is based upon previous expenditures. The funding should not be reduced, but rather the guidelines should be changed to allow the full and effective utilization by the State in meeting the critical problems of child abuse and neglect.

In addition, our efforts, and we assume those of other States, to comply with the eligibility requirements have become confused by competing sets of different eligibility guidelines for other grants administered by the national center.

These various pockets of funds have made it difficult for States to plan in any rational manner.

In summary, I would urge the subcommittee to fully consider these seven specific recommendation on pages 32 to 34 of my prepared text. We believe with refinements that the Child Abuse Prevention and Treatment Act can emerge as an effective catalyst in the building of comprehensive systems in the child prevention treatment. Thank you.

[Testimony of Harold Rosenthal follows:]

TESTIMONY OF HAROLD ROSENTHAL, DIRECTOR DIVISION OF YOUTH AND FAMILY SERVICES DEPARTMENT OF HUMAN SERVICES, STATE OF NEW JERSEY BEFORE THE HOUSE SUBCOMMITTEE ON SELECT EDUCATION AT HEARINGS TO EXTEND THE CHILD ABUSE PREVENTION AND TREATMENT ACT

INTRODUCTION

I would like to thank you for the opportunity to present testimony on the renewal of P.L. 93-247, The Child Abuse Prevention and Treatment Act. New Jersey appreciates this federal support. The Act has assisted us in strengthening our capacity to meet the needs of abused and neglected children and their families by providing resources to initiate essential training programs and to add to our service capacity through demonstration projects. We laud the Congress in recognizing the need to establish a national focal point advocating and supporting state efforts to develop effective methods of responding to and preventing the problem of child endangerment. We strongly support the continuation of this program. The experiences of the New Jersey Division of Youth and Family Services in administering its program of child protective services, however, makes it necessary to describe the deepening financial and programmatic needs of the State and its implications for the administration of P.L. 93-247 in coming years.

We believe that the greatest need of this State, and probably most others, is for a general increase in the level of federal support for programs of child protection. While advances in service and treatment technologies are vital to the long-term development of solutions to the crises experienced by our children, the "state-of-the-art" is of no meaning when public child welfare agencies are struggling to meet their most basic responsibilities in responding to, and investigating reports of child abuse and neglect and protecting the child from immediate harm.

We feel that the resources provided under the Child Abuse Prevention and Treatment Act can be made more valuable through a coordinated federal effort to:

1) increase the aggregate level of funding available to the states for on-going program needs as well as the development of new treatment and service approaches;
2) build upon the research and demonstration efforts initiated by the National Center for Child Abuse and Neglect by continuing to fund pilot programs and studies directly relevant to the operations and responsibilities of public child protection agencies in the states and the needs of the child and family caseloads; and

3) rationalize the often-confusing pattern of eligibility requirements and funding priorities of the several federal programs supporting state child protective service systems.

The following testimony elaborates on these points and is structured into three sections:

I. A description of the role of the Division of Youth and Family Services in the New Jersey child protective service system.

II. A discussion of the most urgent financial and programmatic needs of the agency and its continuing and worsening frustrations in seeking federal support for its protective service activities.

III. An outline of recommended changes and refinements in the focus of the Act and in the coordination of other federal efforts with the purpose of increasing the productivity of P.L. 93-247 in improving our capacity to help children at risk.

I. The Role of the Division of Youth and Family Services in the New Jersey Protective Service System

The Division of Youth and Family Services is the primary child and family social service agency in the State of New Jersey providing a variety of services including counselling, foster and residential care, adoption investigation and supervision, parole supervision, day care, homemaker, family planning and WIN services. These services are provided by casework staff in 25 district offices, administered by a Central Office in Trenton. The Division also supervises the social service units of the county welfare agencies and is the state agency responsible for the adminstration of both the direct and purchased Title XX service programs under the overall direction of the New Jersey Department of Human Services.

The Division's most important role stems from its legal mandate to provide protective services to children and families suffering from abuse and neglect situations. The Division's caseload as of December 1976 was 40,282 children; of these 29,322 were under our supervision for reasons of child abuse and neglect or parental deprivation. We anticipate that during this fiscal year our agency will provide services to about 33,640 endangered children. Our caseload has doubled over the past few years and continues to increase though not at this exponential rate.

The Division's protective service system consists of the following components:

Reporting

Under State statute, the Division must operate a 24-hour emergency telephone service for the receipt of all child abuse reports from any person in the community. Referrals are received at the local district office during business hours and at the Central Office of Child Abuse Control (OCAC) at any hour (800-792-8610). Information from reports is kept in a confidential Central Registry information system.

Investigation

Investigations of referrals of child abuse are made within 24 hours; investigations of neglect referrals are completed within 72 hours. In this process, contacts are made with the family, the child, the referrant, and the collateral sources involved. Responsibility for the initial investigation is shared as follows:

1. On week nights, weekends and holidays, Special Response Units operated by each district office respond to emergencies referred by OCAC. These units are staffed by professional social workers who make immediate contact with families referred, often with police help.
2. During regular business hours all investigations are handled by the district offices who compile their findings in reports and make recommendations for services.

Placement

In serious cases where there is severe harm or the potential for severe harm to a child and removal is judged to be the only alternative for protecting the child, there are several options. The caseworker seeks parental agreement to temporarily place the child outside the home. If parents do not agree to placement, a court order can be obtained by the caseworker prior to removal. As a last resort, a caseworker is statutorily authorized to remove a child from the home in emergency situations on his/her own authority as long as an Order for Custody is filed with the court on the next day. When serious physical injuries are diagnosed by a doctor, the child may be held in a hosptial for 72 hours to allow the Division to render a decision as to whether or not to seek custody. The child has a right to be assigned a guardian ad litem in all proceedings regarding removal from his/her caretaker.

Services to Families

Through its 25 district offices and the social service units of the 21 county welfare agencies, the Division is responsible for developing, implementing and monitoring service plans for endangered children and their families. Caseworkers directly provide supportive counselling, information and referral, and advocacy services. Other services such as day care, homemaker, parent education, professional and lay therapy, and educational and employment counselling are provided either directly by the Division, through purchase contracts, or by referral to other community agencies. The caseworker is responsible for case follow-up and management.

Community Program Development

Through 34 existing purchase of service contracts and 12 contracts in the final stages of negotiation, the Division of Youth and Family Services will have established a capacity to provide tangible helping and treatment resources to a total of 6,800 families per year by the end of Fiscal Year 1977 at a total annual cost of $4.3 million. The types of services purchased include individual and group counselling; lay therapy; parent education; pediatric, psychological and psychiatric diagnostic and treatment services; crisis hotlines; hospital-based medical services for severly abused children; and teaching homemakers.

Other significant achievements in New Jersey's efforts toward community program development include:

. the preparation and distribution of a program development guide to interested professional and community groups throughout the state. It discussed protective service needs, model treatment programs, and cost estimates.

- the development of comprehensive county protective service plans for half of New Jersey's counties. These focus on available resources and service needs.

- the publication of a brochure for medical practitioners outlining early indications of abuse/neglect and noting the responsibility to report, and

- the creation of a slide show for public awareness campaigns.

Special Projects

The Union County Protective Services Demonstration Project. This model project, now fully operational, has created a county-wide network of public and private service resources for abused and neglected children and their families. The project components include: a special response unit which investigates complaints and responds to emergencies; supervision units which provide ongoing casework services; and a liaison unit that refers families to specialized services provided by community agencies under contract to the Division. The liaison unit is responsible for monitoring service provision and for periodic case reviews. Specialized services include day care, therapy, lay therapy, a parent hotline, parent development groups, foster and residential care, emergency funds, family planning, and advocacy with housing and financial assistance agencies. The project also had a specialized staff including a legal analyst, a planner trainer, a public health nurse, psychologist, psychiatrist, and pediatrician. The project was the impetus for the creation of a county-wide Child Protection Council of concerned professionals and community members. The Union County system has served as model for the Division's efforts at building a statewide service system through purchase contracting.

Over the first two years of operation 650 families representing 1,200 children have received project services. The project has conducted a vigorous public education campaign and is participating in two evaluation efforts--federal and state. Preliminary results of the state's evaluation of a sample of 300 cases served in Union County will be available in June of this year. Throughout the duration of the project, Office of Child Development financial and program support has been invaluable.

Home Service Aide Program

A special demonstration program operating in three Division district offices, the Home Service Aide program provides functional education in child care and homemaking for families in which abuse and neglect have been identified. About 150 families received services through this program last year. An internal evaluation is an integral part of this program; preliminary findings will soon be available.

Protective Service Resource Institute. Jointly sponsored by the Division and the New Jersey College of Medicine and Dentistry, the Institute provides comprehensive training in the area of protective services to various groups throughout the State including social workers, doctors, nurses, police, court staff and other community agency personnel. It also develops and coordinates public information programs and offers technical assistance to agencies and organizations for establishing protective services prevention and treatment programs. As part of this effort, the Institute sponsors conferences, institutes and workshops on various aspects of abuse and neglect. A total of 3,322 persons have received training to date.

Child Care Study. This joint Division-Rutgers University research study is investigating a number of factors which have been asserted to be important antecedents to child abuse and neglect. These have been hypothesized to include family structure and functioning; child rearing knowledge, attitudes and practices; child and parental health; drug and alcohol abuse; and awareness and use of available community resources. The study seeks to determine whether these factors significantly differentiate families in which abuse and neglect have been identified from other families. Data are being collected from child welfare case records, as well as from home interviews and observations. The results will help clarify the factors interacting with poverty which make some families more likely to abuse and neglect their children.

Comprehensive Emergency Services. Division staff are participating in efforts to develop comprehensive emergency services for families in crisis. One hundred thousand dollars have been designated for a pilot project in Newark that would coordinate all the agencies involved in child protection including social service agencies, the police, the juvenile courts, and hospital abuse teams. Traditional 24-hour services such as hot-lines and social work response units would be expanded to include caretakers, homemakers, a family shelter, an adolescent shelter and diagnostic teams. A similar effort to develop emergency services is underway in Monmouth County, where the Division and the County Welfare Board have merged their social service staffs to create a model county-wide service delivery system.

Battered Women Projects.

The Division will establish four regional centers for battered and abused women during Fiscal Year 1978. This problem has been overlooked, yet the existing literature indicates possible associations between child abuse and spouse abuse. Three hundred thousand dollars have been designated for program development in this area.

II. Program Pressures and Resulting Financial and Services Needs: The New Jersey Experience

As noted in the previous section, the New Jersey Division of Youth and Family Services has experienced a staggering rate of growth in the caseload of children needing protection. Our capacity to meet the needs of this population of cases already known to us is being severely limited by a generally fixed set of federal resources which have been difficult to obtain. The following sections describe the growing pressures which arise from the expanding caseload of children in crisis, their most immediate service needs, this agency's most significant support needs and our experience in seeking federal support for our programs.

Caseload Growth in New Jersey

Reports of child endangerment are steadily increasing, both in absolute terms and as a proportion of all applications for service taken. In the twelve months ending December 31, 1975, the Division of Youth and Family Services received a total of 43,971 applications for child welfare services. Based on an analysis of reason codes given at the time of application, 19,108, or 43.5% of the 1975 total were reports of suspected child abuse ("abuse, physical or sexual"), severe neglect ("emotional neglect", "physical neglect"), or parental deprivation ("marital conflict," "family instability," "alcohol or drug addiction," "family disruption," "chronic physical illness," "mental illness," "parent unwilling or unable to care for unborn child," etc.). This is an increase of 11.4% over 1974 when 17,150 applications taken were attributed to these codes. Of the 19,108 received during 1975, 13,956 were ultimately confirmed and accepted for supervision. This represents 73% of all applications taken for reasons of protection. This compares with some 11,000 or 64.3% of the 17,150 reports of children at risk received in 1974.

Although final calendar year 1976 referral/disposition summaries are not yet available, we estimate that of approximately 38,373 applications taken this past year, 27,295 were received for reasons of child abuse, neglect, or parental deprivation.

This flow of referrals for child abuse, neglect, and parental deprivation has resulted in an enormous growth in the Division's caseload of children under supervision for the purpose of protection. The pattern of this growth is summarized in the following table.

Caseload	6/30/73	6/30/74	6/30/75	6/30/76	12/31/76
Total Caseload	25,291	30,048	40,731	42,887	40,282
PRS Caseload	3,375	7,419	20,966	28,516	29,249
PRS Caseload as a % of the Total	13.3%	24.7%	51.5%	66.5%	72.6%

As can be seen from these numbers, the Division's child protection caseload has increased by more than eight-fold over the past three and one-half years. Even more startling than this absolute rate of growth is the increasing proportion of the agency's total service caseload and workload represented by this count of endangered children. While 3,375 protective service cases accounted for roughly one-eighth of the Division's aggregate caseload of 25,291 children at the end of Fiscal Year 1973, this share has grown to 72.6%--or nearly three-fourths--of the total based upon caseload data as of December 31, 1976.

The pattern of both absolute and relative growth of the Division's child protection caseload can be attributed to at least four factors:

- the New Jersey child abuse and neglect reporting law of 1974;
- more aggressive public awareness campaigns employed by the agency;
- a growing recognition of the Divison as a helping rather than a punitive public agency dealing with families and children in distress; and
- a generally deteriorating economic climate in the State over this period.

While this trend of caseload growth evidences some measure of success in reaching a substantial proportion of its population of children at risk of harm through abuse and neglect, this same pattern has resulted in workload pressures that threaten to seriously undermine the Division's continuing capacity to protect children. Federal and State fiscal resources available to this agency have failed to keep pace with this enormous rate of growth. As can be seen from the preceeding table, the total caseload of children under supervision has actually declined over the last six months of 1976. This is a direct result of the imposition of service limitation guidelines--criteria regarding case acceptance and eligibility for specific services--to help maintain the aggregate caseload at manageable proportions. This year we are accepting primarily protective service cases. Many families who are not abusing or neglecting their children but are experiencing difficulties in managing their household and family affairs or in providing a stable and adequate level of child care are being turned away. Of those families accepted for service, limited numbers can receive tangible forms of help, such as day care, homemaker help or residential treatment.

Client Needs: Programs and Resources

While there is a consensus that abuse and neglect cuts across all income categories, the large majority of families referred to the Division are poor. They come to our attention because they lack the financial resources to purchase services privately and are more exposed to public scrutiny. Two statewide studies of Division clients reported that over half the families under supervision for child abuse and neglect were receiving public assistance. Other studies confirm these findings and indicate the percentage of families referred that have ever received financial aid may be as high as 80%.

More important is the finding that the material level of living of abusive and neglectful AFDC families is significantly lower than that of AFDC families. They are more likely to have insufficient food and clothing, household heating problems, fewer consumer goods, and housing in ill repair. They are the poorest of the poor. Poverty itself may therefore be a great contributor to the incidence of abuse and neglect.

Decrepit housing, constant money worries, and many children to care for can easily overwhelm a parent. Neglect often follows and, in a situation already beset with numerous health and safety hazards, it can and does lead to dire consequences for the children. Instances of a parent leaving children alone and unattended occur in about half of all neglect cases. In some cases, the parent does not have much choice. (S)he has to do the shopping, has too many children to take with her/him, and cannot obtain or pay for a babysitter. Often the children are left in the care of the oldest child, who is not really mature enough to carry such responsibility. A small child crawls up on the window sill, plays near the stove, experiments with matches, or wanders out of the house.

Abuse, too may follow. Many of our cases contain elements of both abuse and neglect. Experts agree that abuse is often the result of stresses on the parents that produce severe frustration. The ensuing anger is taken out on the children whose minor misbehaviors can provide the triggering frustrating stimuli. Poverty means little money, inadequate housing, and allows few, if any, comforts. What poverty provides in abundance is the stress that can lead to child abuse and neglect.

The most immediate and primary goal of our agency is to protect children from harm. It is sad when, in our attempts to approach this goal, the least detrimental alternative available to us is to disperse the family in foster care. We hope to limit out-of-home placement to the absolute minimum and to better recruit and prepare foster parents for the often troubled children who have to be placed. Fortunately, because of expanding resources that allow us to protect children while leaving them in the natural homes, we have succeeded in placing less children in foster care than previously. However, lack of resources to support the parent and family is still a problem in far too many cases.

We must provide day care for families unable to purchase the service. Day care can provide a setting where parents can learn alternative patterns of parenting, and can interact with other parents and staff thus reducing their sense of isolation. Children can have some of their basic and special needs met. Homemaker services can help parents improve houskeeping and child care so that children can remain in the home.

Protective service agencies should also have at their disposal a large emergency cash fund in order to be able to quickly remedy the most immediate and obvious causes of harm to our children. Our caseworkers enter homes in which there is no heating in winter, in which the plumbing is broken, in which cribs and playpens for infants are lacking, in which little food is available for the children on that very day, and in which there are not guard rails on the windows. A potentially dangerous situation could be immediately corrected by purchasing the needed repairs or equipment, by paying the gas and electric bill, or underwriting the security deposit or moving costs of families needing housing on an emergency basis. Assessing responsibility and/or imposing criminal sanctions are frankly not our foremost concerns. A child is no less harmed if the death or injury be due to parents' neglect, landlords' neglect, or society's neglect. We wish to take protective action first and make assessments later. An emergency fund of $11,000 per year was part of the Union County Protective Services Demonstration Project, a model protective service project in New Jersey. It proved to be invaluable in 1) alleviating a crisis situation;

2) preventing continued abuse and neglect; and 3) reducing the need for placement of children.

Twenty-four hour parent help lines are also needed as both a remedial and preventive resource. Other services currently available only during traditional 9-5 working hours or with a considerable time lag--such as homemaker services, emergency child care, family shelters, and adolescent shelters--should be extended to provide immediate help on a 24-hour basis.

The above discussion is only a partial listing of the programmatic needs of our identified clients. We have moved to develop comprehensive service systems in our counties which incorporate some of these services. Others still need to be developed. Many other service components which are in demonstration in other states have a great potential for helping our clients as well. However, given our expanding protective caseload and our fiscal limitations, we may not be able to expand our service strategies. Most of our resources may be restricted to the investigation of complaints and the provision of a minimal level of supervision of our clients.

Agency Support Needs

As Division caseworkers face an increasing number of abuse and neglect clients, they need more training and other supportive assistance to carry out their functions effectively. By law they are required to quickly investigate reports and to develop service plans. They must directly provide or refer clients to appropriate services. In order to ensure that cases receive proper services, they must develop skills in case monitoring and evaluation. Workers make decisions that profoundly affect children and their parents.

We need to develop specific agency-wide child welfare standards and decision-making guidelines that will clearly address such matters as: Under what conditions should we coercively intervene into the life of a family? What services are best applicable to which problems? When should we seek the removal of a child from his/her home? Under what conditions is it safe to return a child? Under what conditions shall we seek termination of parental rights?

The establishment of standards and guidelines will clarify existing agency policy, reduce variability in decision-making, and allow decision-making to be guided by the best knowledge currently available. It will increase the accountability of our caseworkers at the same time that it provides support and guidance for them. The Division has begun efforts to address these needs, but much remains to be done.

Case-recording procedures must be improved so that we may keep clearer and more specific records covering such matters as: precise listing of harms that have occurred to the child, and under what circumstances; a listing of current conditions that present danger or harm to the child: a concise analysis of the problems in the family; an accounting of services and an analysis of the least detrimental alternative for preventing harm to the child in the given case. A periodic case review system has been developed and tested in Union County, and may serve as the model for a state-wide system for regular review and reassessment of case progress and service plans.

An informational booklet for families with which we deal should be developed. Parents must be clearly appraised of their rights and responsibilities under the law.

Finally, we need to constantly evaluate our services in regard to the criterion of how effective they are in preventing harm to our children. Services found to be ineffective must be eliminated.

The Federal Response to the Fiscal Needs of the State: The New Jersey Division of Youth and Family Services as a Case History

To meet the needs of our expanding caseload, the Division of Youth and Family Services has aggressively sought financial support from all available federal funding sources. In the context of its child protective and family help service program, two federal programs stand with greatest potential for underwriting and strengthening our operations: Title XX of the Social Security Act and the legislation under discussion today, the Child Abuse Prevention and Treatment Act. To date, we have been very successful in utilizing Title XX to build and maintain our protective service system. But, this success has foreshadowed the dissipation of this resource as a sponsor of continued growth. Although it represents only a fraction of the total funding authority of Title XX, New Jersey must look more intently to P.L.93-247 for both marginal relief of its most pressing on-going service needs through state grants and for the improvement of its service technology through demonstration and evaluation funding. We have been able to achieve only partial success in utilizing this state entitlement authorized by the Congress and seek to offer suggestions which would enable New Jersey to make greater use of this resource.

The remainder of this discussion is organized into a brief discussion of our experience with Title XX, a fuller discussion of our attempts to obtain assistance under the Child Abuse Prevention and Treatment Act, and the implications of these efforts for improving the utility of the latter legislation for New Jersey.

(a) Title XX - New Jersey's annual entitlement under Title XX is $86.7 million for Fiscal Year 1977. All of this resource is committed to service programs for families, children, and adults. Applying the proportion of the agency's caseload under supervision for reasons of protection -- 72.6% -- to the Title XX supported expenditures of twenty-five district offices -- approximately $21.1 million, including the required non-Federal share -- the Division's direct service programs to abused and neglected children accounts for some $11.3 million in Federal funds. To this may be added the entire Federal share -- over $2.1 million -- of the vendor (i.e., individual) purchases of day care services and homemaker help by the district units of $2.9 million since the DYFS service limitation guidelines noted above restrict these services to protective cases. The districts also refer clients directly for specialized help provided through a network of 46 community-based providers under Title XX contract with the agency at a total cost of $4.3 million. This brings the total Title XX expenditures for children supervised by the district offices for reasons of abuse and neglect to $17.7 million, with the State/Federal total amounting to over $22.5 million.

Against a fixed national authorization of $2.5 billion -- a limitation unchanged in over five years -- and a gradually declining State allocation (reflecting demographic trends), the competition for even this share of the Title XX resource has been intense. Our position at the Title XX allotment limit has removed the leverage offered by a three-to-one matching rate essential to obtain increased State appropriations for program expansion and to hedge against inflation.

(b) P.L. 93-247 - New Jersey has looked to P.L. 93-247 for support in developing its protective service system but has been frustrated in its efforts. We are concerned about some of the provisions of the Act and their implementation.

The legislation does not adequately address State needs. The legislation designates that 5 to 20 percent of the appropriations can be utilized for state grants, yet 50 percent of the appropriation is targeted for demonstration projects. In the distribution of funds the actual amount released to the states has clung closely to the lower limit of this range. In Fiscal Year 1974, only .16% of the budget was released through state grants, this amount being divided among three states. In Fiscal Year 1975, 5.1% of the budget was distributed to 16 states. The figure rose to only about 6.9% of the toal appropriation being distributed among 21 states in Fiscal Year 1976. And to date in the current fiscal year, the percentage has remained about the same.

While we cannot speak for other states on this matter, we in New Jersey have been greatly frustrated by our inability to obtain our state grant in a timely fashion. The money has been withheld from us over an issue that has never yet become a practical one in our dealings with child abuse and neglect cases: we do not have a criminal sanction in our state laws against the violation of confidentiality in such cases. It is important to note that the restriction which has blocked the use of our entitlement was not written into the legislation; this issue was raised by a federal regulation which we believe has obstructed the intent of the

Act to assist the states in developing and strengthening their child abuse and neglect prevention and treatment programs.

We are in the process of obtaining such a law and hope to secure our state grant in the near future. But we are distressed that we have lost many months of much needed training for our protective service workers and have had to delay another important project, the development of standards and decision-making guidelines for protective service work, which a smaller supplemental grant under the Act would have made possible. We believe that the goal of the protection of children from abuse and neglect has been ill-served by this trade-off.

From a national perspective, we believe that the fact that after three years only a minority of the states qualify for grants under the program suggests that the eligibility requirements promulgated in the regulations are overly restrictive and have had the effect of undermining the effectiveness of the Act by precluding the majority of states from participating.

Our efforts to comply with the eligibility requirements specified in the Act have been confused at times by competing sets of different eligibility guidelines for other grants administered by the National Center. As an example, New Jersey was awarded a grant of $40,000 which it utilized for a law conference, special equipment and one trainer through NCCAN under a different set of criteria and we have received demonstration funds through yet another set of criteria under the law but have been struggling to satisfy the guidelines imposed by the regulations for state grants. These various pockets of funds have made it difficult for states to plan in a rational manner. For example, part of our $40,000 grant was to be used for a trainer in conjunction with a training program developed from our $108,000 grant. Although we obtained the funds for the trainer, we are still awaiting approval for the rest of the package.

In the meantime, while states are being stringently held to eligibility requirements, much money has been channeled into temporary demonstration projects. As a matter of fact it was easier for this Division to obtain funds for one demonstration project totalling over one million dollars over a three year period than it has been to obtain our state grant of $108,000.

In Fiscal Year 1976 about $11,742,000, or 62% of the total appropriation under the Act was distributed to demonstration projects or related activities. Over 2 million of these dollars were spent for the funding of eight hospital-based demonstration centers alone while only $1.3 million was actually distributed through state grants. Within the last and current fiscal years, almost $1.5 million has been earmarked for yet another incidence study, while we have been unable to obtain our grant. Another $1.7 million was given to four consultant projects with whom we were requested to participate. These projects diverted a good deal of our staff time and, except for one, resulted in products which we believe were of little benefit to our agency in combatting abuse and neglect.

We recommend a change in funding priorities. The emphasis has been on demonstration projects yet these projects cannot serve anywhere near the large number of children and families currently being helped by the public child welfare agencies in the states. While demonstration projects come and go, these agencies must continue to struggle with the bulk of child abuse and neglect into the forseeable future, and are in need of long-term federal assistance.

A Child Abuse Prevention and Treatment Act should provide more substantial aid for public child welfare agencies in the states in meeting the needs of their expanded caseloads of already identified abused and neglected children. These agencies urgently require more caseworkers, more training and more and better services that meet the needs of their clients. Realistic requirements for funding should be developed and methods to obtain these funds should be designed to encourage state participation. This effort should address the confusion that is resulting from the lack of coordination among funding sources and their attendant eligibility requirements. States should be able to apply for Federal assistance for the purpose of building protective service system components under one uniform set of eligibility guidelines.

III. Summary of Recommendations

In light of the findings concerning our clients and their needs, large scale programmatic recommendations can be made. We must begin to direct more attention to those situational and sociological factors that increase the likelihood of abuse and neglect. Programs insuring guaranteed employment, guaranteed minimal income, universal health care, and adequate nutrition and housing must be considered. Since these changes are beyond the scope of any single piece of legislation, we offer more limited recommendations.

The implications of the financial constraints and the program pressures cited in the previous sections are clear: states in positions similar to that of New Jersey are approaching the "bottom line" in meeting their most essential obligations to abused and neglected children. Protective service systems may regress from a helping/ treatment/prevention orientation to a strictly investigation/ crisis response/family monitoring role unless substantial financial relief is made available. Although assistance of the required magnitude would appropriately come from an amendment to Title XX, we feel that these financial and program strains have a direct implication for programs designed to offer devlopmental support at the margin, such as P.L. 93-247. States soon will not be able to meaningfully assimilate the findings of basic research into program policy. A plethora of program options already exists that cannot be adopted by the states due to a lack of funds available for basic (and generally statutorily defined) responsibilities. Should this situation continue, the viability of Federally sponsored demonstrations will be greatly diminished. We thus argue vigorously for a reconsideration by Congress of its overall commitment to child protection and family helping service programs in order to provide a firm foundation for "rounding-out" or refining state operations and advancing the state-of-the-art in this domain.

Our specific recommendations with regard to the Child Abuse Prevention and Treatment Act are seven-fold:

(a) The total funding authorization of P.L. 93-247 should be substantially increased to realistic levels.

(b) The majority of the funds provided under the Act should be designated for public child welfare agencies.

(c) The state requirements for grants should be reviewed to determine whether the criteria are necessary and to develop more methods to encourage state participation. Options might include models where:

(1) a state could receive portions of funds as it meets certain requirements; or

(2) a state could be awarded half or all funds and would reimburse the federal government if it failed to meet the specifications by a certain time plan.

(d) The maze of inconsistent and conflicting directions for program structuring reflected by the competing eligibility requirements for participation in the various parts of this and other programs must be made uniform and realistic.

(e) Funds should be earmarked to help states meet these requirements. An implied goal of the Act should be the full participation of all the states in the program.

(f) In the awarding of state grants, public child welfare agencies should be directed to channel portions of these funds into the following target areas:

(1) concrete services such as day care, emergency cash funds, homemaker services, parent help lines, and information and referral units,

(2) training, and

(3) case management and accountability.

(g) Research and demonstration projects must have strict relevance to the operations and needs of public child protection and family helping agencies in the states. State and county administered child welfare organizations are the agencies of first-and-last resort for children at risk. These agencies have the statutory responsibility to receive and investigate initial reports and do not have the option of hand-selecting cases with the highest potential for treatment success. The National Center for Child Abuse and Neglect should continue to devote substantial resources to public agencies with child welfare responsibilities.

We believe, that given a careful effort to refine the above noted elements of the Act and a strengthening of the aggregate federal commitment to child protection and family helping service programs, the Child Abuse Prevention and Treatment Act can emerge as a potent catalyst in the building of comprehensive systems of child protection that not only meet identified needs more effectively but can help prevent the occurrence of child abuse and neglect as well.

APPENDIX - New Jersey Programs Funded by the 1974 Child Abuse Prevention and Treatment Act

- The Protective Service Resource Institute is a training demonstration project jointly administered by our State Division and the New Jersey College of Medicine and Dentistry. This project has developed training materials and has provided a variety of training to professionals including, caseworkers from the Division of Youth and Family Services, workers from the local county welfare boards, police, court personnel (prosecutors, judges), and other community agency personnel.

- The Child Care Study is a co-sponsored State Division and Rutgers University research project that is analyzing sociological and economic factors that may be associated with abuse or neglect.

- The Family Development Program is a hospital-based treatment program sponsored by Martland Hospital, serving the Newark community. To date it has provided intensive services including diagnosis, counselling, parent education, and lay therapy to 200 families. It also has provided training for 800 medical professionals including doctors, hospital social service workers, nurses and medical students.

Mr. **Brademas.** Thank you very much, Mr. Rosenthal. I want to congratulate you on the thoroughness with which your statement has obviously been prepared and on the fact that the State of New Jersey apparently has given particular attention to the problem with which this legislation is designed to cope.

You say that the you believe the total funding authorization of the act should be substantially increased to realistic levels. Could you tell us what you have in mind?

Mr. **Rosenthal.** I must admit that I am somewhat disturbed to see that the intended authorization in the renewal legislation has been reduced to $19 million, $6 million below the previous level.

I realize that we are all under fiscal constraints. I am extremely disturbed that the authorization, at least the intended authorization has been reduced.

Mr. **Brademas.** I might just say that we have not introduced a bill on this yet. I think you may be referring to the budget request?

Mr. **Rosenthal.** Yes, sir.

Mr. **Brademas.** Do not blame Members of Congress for the Office of Management and Budget for heavens sake. That is not a burden that I would want to have to carry with me politically or morally, under this or previous administrations.

The other thing that struck me about your recommendations was that you want to see most of the funds designated for public child welfare agencies. In the awarding of State grants, those in the welfare agencies should be directed in turn to channel portions of the money into what you call target areas, particularly training, case management, and accountability and concrete services, homemaker services and so on.

As I read that, I thought that in a sense you wanted us to rewrite this act to make it into the child and family services bill, but to do so under another guise.

I confess that I am still concerned about the problems to which Dr. Zigler and Ms. Martinez addressed themselves, namely that of the lack of sufficient knowledge and information in this very difficult field.

This is a concern on the one hand while on the other there is a call, as you make, for concrete services. The amount of money in this particular legislation is so infinitesimally small that I wonder if it would really amount to much, in terms of actually having a substantial impact on a problem which, as Dr. Zigler pointed out, has roots that go to the whole ecology of the family in American society.

That is just a rhetorical question on my part.

Mr. **Rosenthal.** May I respond?

Mr. **Brademas.** Please.

Mr. **Rosenthal.** I do not disagree with Dr. Zigler in terms of the necessity to delve deeply into the causes of child abuse but we are the agency in New Jersey charged with the responsibility for the protection of children.

We do not have time to determine cause when an abused child is delivered to our doorstep. Yes, there is a need to determine what caused that abuse or neglect but we are involved with the problem of dealing with the actual situation.

There is some confusion. Go back to the fact that we are charged by law, New Jersey law, to be the child abuse agency. When grants and money are flowing from the Federal Government, and not through us, it is difficult for an agency charged with our responsibilities to coordinate an overall program in New Jersey.

The pockets of money go out separately and independently of us. Maybe we do sometimes receive advice and other times we do not. Some agencies know enough to come to us to let us know what they are doing but it is difficult to develop a coordinated consistent program, if the money flows in 73 different fashions.

That was the intent of the statement on page 33, not so much as a control mechanism but as a coordinated mechanism.

Mr. BRADEMAS. I appreciate that comment. I can understand your situation. If we are to believe what the Assistant Secretary just told us, that to use a ball park figure, there are about 1 million abused and neglected children in the country and we have a bill here that has less than $20 million in it, I think it would be dissembling with the American people to suggest that this legislation is going to be able to provide the kinds of resources that State public welfare and child welfare agencies really need to make a really substantial impact toward the resolution of the problem.

That is all I am saying and I do not think we disagree on that point. You would like to get the money wherever you can?

Mr. ROSENTHAL. Yes, sir.

Mr. BRADEMAS. Mr. Jeffords?

Mr. JEFFORDS. I wondered if you, in your testimony, indicated some of the inconsistencies in the regulations to which you were referring? I just want to know whether you did?

Mr. ROSENTHAL. Yes, sir.

Mr. JEFFORDS. We received testimony in the New York City area that this child abuse problem was an increasing problem and in fact, I think the term used was an increasing epidemic.

We are trying to get some idea as to whether or not this is a problem which is increasing or whether our knowledge is due to better reporting. Can you tell us, from your objective information in your State, whether or not this is an increasing problem?

Mr. ROSENTHAL. It is an increasing problem because it is on the increase and because we do have better reporting systems. It is a combination of both factors. Part of the significant increase we have, that is, the agency has undergone, is attributable to our public information programs, our revamping of our statewide emergency system and in part is attributable to economic and social factors which lead to child abuse.

Mr. JEFFORDS. I want to touch on another area very briefly, that is in the different types of abuse about which this committee has talked about, physical abuse.

One area that seems to be a paucity of information on, i.e., statistics, is in the area of sexual abuse. I wondered if you could tell us as to whether or not there is a significant sexual abuse problem in your

State from your knowledge and as to whether or not the present means of finding that kind of statistics are available. Do we have a way of communicating with children?

I know we had some startling statement from a woman from Philadelphia that half of the girls in the school were sexually abused. I wonder if you could just give us a little information in that area?

Mr. **Rosenthal.** I have to be frank to say that I am not sure that we have developed any kind of particular statistics on sexual abuse. I think that basically—I have to be honest today, that the well awareness on the part of the agency in terms of this specific problem became focused about a little over a year and a half ago, although we have made no special effort outside of our regular reporting system to categorize these cases.

We have had a number of specialized conferences for our workers in the recognition of the problem. We have an increasing awareness of the part of our workers, particularly in the detection of the problem.

That awareness is so new that I do not think I can respond any other way in terms of the dimensions of the problem or any grandiose plan plan to alleviate it or uncover it.

Mr. **Jeffords.** Thank you.

Mr. **Brademas.** Mr. Kildee?

Mr. **Kildee.** I have a question. There are probably two areas of sexual abuse, one talking place perhaps within a family or with an adult perhaps because of sexual deviation and a new problem, at least a problem we became aware of recently, sexual abuse of children for a profit motive, for a person who is abusing a child is not really perhaps suffering from any sexual deviation but is motivated by profit.

This is in the area of pornography. You are the director of the Division of Family and Youth Services. The first area, sexual abuse within the family, would fall within your area of interest and service but also in the youth area. The second area, this use of youth in sexual abuse for profit, would be an area where you would be wanting to get information and knowledge.

Are you geared up or do you intend to gear up to try to investigate the enormity of the problem?

Mr. **Rosenthal.** Frankly, no. The only response I can give you at this time is that within our efforts to increase reporting and to bring these matters to the attention of the division, we would respond in the same manner as we would to sexual abuse in the home or any type of abuse no matter where the child is located.

We do not have any special—we have not developed either any special expertise or knowledge or programs for the problem about which you are talking.

Mr. **Kildee.** The information that I am receiving is that it is more common on the west coast, the Los Angeles area, where the child pornographers seem to be flourishing.

Mr. **Rosenthal.** Mr. Joseph informs me to his knowledge, we have never received such a report. We can speak for the past 4 years within New Jersey, at any rate.

It does not mean that we are saying that it does not exist.

Mr. **Kildee.** Are you familiar with some of the material and information being provided by Odessey Institute at this time?

Mr. **Rosenthal.** No, sir, I am not.

Mr. **Kildee.** If I were to transmit such material to you, would you respond?

Mr. **Rosenthal.** Yes, sir.

Mr. **Brademas.** Thank you very much, Mr. Rosenthal. We appreciate your taking the time to be with us today. The subcommittee is adjourned.

[Whereupon, the subcommittee adjourned at 12:14 p.m.]

TESTIMONY OF SENATOR JOHN C. CULVER
SUBMITTED TO THE SELECT SUBCOMMITTEE ON EDUCATION
HONORABLE JOHN BRADEMAS, CHAIRMAN
MARCH 22, 1977

CONTINUATION OF FEDERAL SUPPORT FOR EFFORTS TO PREVENT CHILD ABUSE AND NEGLECT

Mr. Chairman and members of the Subcommittee, I am pleased to present testimony in support of extended funding for the prevention of child abuse and neglect.

The increasing number of child abuse cases is one of the most alarming problems this country faces. Usually, cases of battered children are brought to the attention of the American public only when fatal or near fatal beatings have occurred. The sad fact is every day there are numerous cases of maltreated and neglected children that go unnoticed and undetected.

Although no exact statistics exist, evidence indicates that reported cases of physical abuse are growing in shocking proportions. More importantly, estimates suggest that quite possibly only 1 in 100 incidents is reported.

Medical studies conducted on child abuse place the probable national incidence between 50,000 - 75,000 per year. But these reported incidents almost exclusively involve abuse of children in their own homes. There are few reports on child abuse in schools and children's institutions although this kind of abuse is known to occur frequently all over the country. There are also no systematic records of the massive abuses and neglect of children due to malnutrition and hunger, inadequate education and substandard living conditions. These forms of abuse and neglect are some of the most serious yet least talked about and acted upon aspects of the child abuse problem.

Dr. Vincent DeFrancis, of the Children's Division of the American Human Association, estimates that in addition to the thousands of children that are physically beaten, thousands more are sexually and psychologically abused.

Many assume that these tragic situations exist only in economically disadvantaged environments. But sadly enough, child abuse occurs all too frequently in upper and middle income families as well. It is a misconception to believe child abuse is directly related to economic conditions. Child abuse transcends poverty; it is a national concern.

In 1974, the Congress enacted the Child Abuse Prevention and Treatment Act in response to this nation-wide problem. This signalled not only a recognition of the tragedy of child abuse but also that the Congress was ready to make a commitment toward eliminating as far as possible this frightening reality. Now it is time to rededicate ourselves to that commitment. There is a great need to continue funding for this vital program but also a need to make the necessary changes to increase its effectiveness.

For the past 3 years, the Act has sought to encourage States to develop effective child abuse laws by providing grants for prevention and treatment programs. Additionally, money has been provided for research which has shown how serious the battering and neglecting of children has become in the United States.

However, despite the law's existence for over 3 years, many States have been unable to meet the requirements for funding. One problem is the Federal Act's definition of child abuse, which requires the inclusion of "mental injury." Some critics believe this is too open-ended a justification for government action. Many states have complained that the ambiguity of the term clouds the intent of the Act. Iowa, for example, is hesitant to use such terminology in their definitions without further clarification. As a result, as with many States, it is unable to receive funds under the Act.

I hope the Subcommittee will consider the possibility of either removing or clarifying Section 3 of the current Act to alleviate the problems States are having in trying to conform to this requirement. Removal of the phrase would allow states to include "mental injury" in their own definitions of child abuse but would not require them to do so in order to receive funds. Defining specifically the term "mental injury" would alleviate the current questions about intent of Congress.

One other area I hope the Subcommittee will examine is funding distribution. While it is true that in 1974 the primary need was extensive research, I believe that more emphasis should now be placed on implementation of actual programs. Of the sums currently appropriated under the Act, not more than 20 percent may be used for grants to assist States in carrying out child abuse prevention and treatment programs. Much more is needed to aid those who are suffering now. Our necessary efforts to define the extent and nature of the problem need to be supplemented with greater efforts to help solve it.

We have the evidence that clearly indicates that need for these valuable programs. And one of our main goals in aiding the abused child must be to ensure States are allocated enough money to establish and maintain their programs.

Mr. Chairman, there are many diseases with which children are afflicted. We have, in many cases, found a cure. But no cure exists for child abuse. We can only hope that through better understanding and improved programs we can aid the suffering and bring to a minimum this crippling and often fatal disease.

I strongly urge that we reaffirm our commitment to combating the tragic problem of child abuse and neglect by continuing adequate funding for P. L. 93-247.

THE CHILD ABUSE PREVENTION AND TREATMENT ACT*

Saad Z. Nagi
The Ohio State University

The findings of a national survey we conducted in 1974, just prior to the enactment of PL 93-247, clearly showed the multiplicity and severity of problems in the structure and performance of programs related to child abuse and neglect in this country.[1] Undoubtedly, since then, progress has been made engendered by the hearings on the law, the mechanisms and resources it provided, and the publicity and efforts that placed this issue on the national political agenda to begin with. Although hard data are scarce, one can expect that there has been a rise in public awareness about child maltreatment, an increase in reporting such acts to responsible authorities, and an improvement in knowledge and skills among the personnel of related programs who were reached through conferences or the written word. Also, as a more direct result of the law, demonstration efforts have been underway in some communities toward strengthening and coordinating the various aspects of their programs.

There has been no follow-up survey of a national scope to document the dimensions and degree of change in the organization and performance of programs on child maltreatment in this country. However, it is safe to assume that the problems identified in 1974 have neither gone away nor have effectively been resolved as a result of efforts over the last three years. Annually, hundreds of thousands of children remain the object of varying forms of maltreatment confirmable according to current laws and investigtive practices of agencies. In other words, prevention continues to be perhaps the weakest link in attempts toward coping. Our estimates for the year 1972 were that about 250,000 cases of "confirmable" abuse had occurred in the nation. Adding confirmable neglect cases brought the two to a total that slightly exceeded two million children. Of these only about one half of the abuse cases and about one sixth of those of neglect were identified. How far have we advanced nationally on reporting? The question remains open, but equally important is the question of what is done for or to those identified. Where reporting has increased, available personnel and services have become overwhelmed. Large numbers of children are being kept in limbo for years under foster parenting which has become a major business with specialized interests that, to say the least, are not necessarily consistent with those of the children. The lack of standards is pervasive, effective periodical reviews of the cases are hardly the norm, and individual subjective decisions on such serious matters are in the main made by persons who often lack experience. And yet, alternatives for the temporary placement of children in most communities either offer a grimmer picture or are not available at all. Also, we have a long way to go yet before the missing components of emergency and long-term care services and facilities are in place for most of the children and families who need them. Responses in the 1974 National Survey mentioned earlier showed that only 15.6% of the children in the U. S. resided in jurisdictions where three or more agencies have formed explicit coordinative procedures at the level of "case-management." An additional 28.8% resided in areas where the forms of interagency liaisons were limited to administrative relations rather than case management. One can expect some change in this picture as a result of the demonstrations mounted through the Act. However, demonstration grants generally went to communities which had made progress in these directions and therefore were able to "show promise" in carrying out the demonstrations. At any rate, the degree of change in interagency coordination over these last three years on the national level is an open empirical question. And here again; my hunch is that we have a long way to go yet.

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*A statement prepared for testimony before the Subcommittee on Select Education, U. S. House of Representatives, February 25, 1977.

In this sense, there should be little disagreement concerning the need for a continuation of resources that would be provided through an extension of the Act. However, differences in opinion are likely to arise over priorities for the use of these resources and therefore the directions an extension may take. Undoubtedly, differences of opinion and documentation of needs and priorities reflect variations in professional perspectives and agency affiliation. Although perhaps partly true, not all of the differences can be viewed simply as manifestations of turf protection. Rather, they largely reflect the pervasiveness of needs across agencies and areas of concern. Since I expect other testimonies to bring out the issues of adequacy of resources and priorities over specific program components, and since I carry no affiliation with the service agencies or professions, I will address myself more to some of the general considerations concerning the Act and its extension.

Essentially, aside from setting up a National Center for Child Abuse and Neglect, along with an Advisory Board, the Act provides funds for four general purposes: (1) demonstrations of multidisciplinary treatment centers and other approaches; (2) personnel training and professional resources to aid communities in program development; (3) research, evaluation, and dissemination of information; and (4) grants to the States to assist in developing and strengthening their programs. I am in no position to comment on the latter objective since I have no information about the patterns of utilization of grants to the States and their effects. Suffice to say, probably any additional resources were welcomed by all of the States that received them, put to effective use by some, and fell too short to make discernible differences in many, if not most. The first two objectives were carried out primarily in terms of two types of demonstrations (services and resources) to which we now turn.

Purposeful Demonstrations

Demonstrations constitute a relatively new addition to the federal legislative repertoire. They could be of methods, that is how to do things; or of results in terms of showing the differences new approaches may effect. It is needless to say that most demonstrations, including those of programs on child abuse and neglect, should be addressed to both functions. Along another dimension, one can identify two distinct objectives for demonstrations of this type -- substantive and strategic. The substantive objectives are those incorporated into the Act and relevant regulations, i.e., prevention, identification, and treatment of child abuse and neglect. Although organizational and other means vary among demonstrations in this field, the substantive objectives were clearly stated in the Act and in the guidelines for proposals.

However, what was and remains unclear in both the Act and the administrative follow-up are the strategic objectives. The central questions are: Where do these demonstrations fit within a national strategy to combat child maltreatment? And, Has such a longer range perspective on the problem and approaches been developed on either the legislative or the administrative side of the federal government? For example, the demonstrations of concern here may fit within at least three types of strategies. The first represents a very limited view where the current demonstrations can be seen as ends in themselves and where the objective is to enhance available programs in the communities they serve. Obviously, this is neither the intent of the law nor that of the administration. The unfairness of such a plan becomes more evident in view of the fact that most of the support went to proposals from communities with the more advanced programs. The second strategy is one where these demonstrations constitute experiments with different approaches to the problem in order to develop efficient and effective models. Once these models are identified in regard to methods, and tested in relation to results, appropriations would be sought at the federal level to generalize them to the rest of the country. And, the third strategy is one to be built around the expectation that the models developed through the demonstrations are to be emulated by other communities using resources of their own.

While plans and requirements for the last two strategies are fairly similar, they may vary in some respects. For example, while emphasis in the second strategy may be placed primarily on the evaluation of results and costs of the demonstrations, equal if not more emphasis in the third strategy must be placed on the demonstration of methods. More importantly, the third strategy calls for an early and serious involvement of communities expected to emulate the evolving models. Since an attempt to involve all communities at once in a few demonstration sites, would be difficult if not impossible, a staggered plan of diffusion would be more advisable. According to such a plan, a conscious effort would be made every year to identify (through self selection or in other ways) a number of communities from which key personnel become observers of demonstrations and emulators at home.

Successful implementation of this type of a strategy would require more than simply the diffusion of information through publications and large conferences which are the current modes of operation. In addition, it would require close observations of demonstrations in progress, assistance in in-depth assessments of the status of programs in candidate communities, strengths and barriers, available resources, and approaches to their mobilization. Should this be one of the long-range strategies, greater commitment will need to be made to explicit plans for continued and systematic selection of communities and providing the necessary expert appraisal, guidance and help in problem solving in regard to program planning and implementation at the local level. Such plans must be organized around demonstrations in progress, and would require especially designated funds and manpower. Under the pressure of operationalizing the Act, soliciting proposals, and mounting the approved demonstrations, sight is often lost of the longer range objectives and strategies to reaching them. The end result is that demonstrations become ends in themselves at best fitting the first strategy mentioned above, i.e., merely serving to enhance programs in the few federally funded communities. Finally, it might be important to reemphasize that the approach used for soliciting and evaluating proposals for demonstrations in this and other areas favors communities with greater capabilities and advanced programs. In addition to introducing a Matthew effect in human services (more to those who have and less to those who have not), we actually do not get to learn about what methods need to be followed in mounting successful programs in the ill-prepared communities.[2]

By way of a summary, I would like to recommend the following concerning demonstrations:

1. A clear long-range strategy needs to be developed and adopted within which the role of demonstrations be carefully defined. Such a strategy need not be rigidly followed but should allow flexibility and room for modification.

2. Demonstrations need to be mounted in retarded as well as in advanced communities. Efforts in the former may have to deviate from the normal process of competitive proposals and bids. Other means for the systematic selection of such communities can be found.
3. Emulation by non-funded communities will remain as the backbone of the process of diffusion of new models evolving from demonstrations. Therefore, efforts in this direction should be systematized and given much greater emphasis and sufficient resources: Dependence upon conferences and the written word will not suffice.
4. A program of a staggered annual selection of communities should constitute future activities. An active role will need to be taken in identifying these communities, bringing their key personnel to close observations of the demonstrations in progress, providing for detailed analysis of the status of programs in candidate communities by experts as part of this aspect of the NCCAN's activities, and providing the necessary guidance and support in program development.
5. To effect substantial efforts in this direction, the evaluation of accomplishments of the NCCAN should be based in large part on developments in communities other than those federally funded as sites of treatment centers and other demonstrations.

The Fundamental Issues

However visible child abuse and neglect have become as a national issue, they basically represent symptoms of the more fundamental problems besetting the institution of the family. Treating the symptoms is an important objective in itself, but greater attention must be directed to preventive measures. Political wisdom would call for capitalizing on the current public attention given child maltreatment to introduce measures addressing underlying problems. The diffuseness, complexity, and pervasiveness of these problems make them more difficult to articulate in a way that catches the public's awareness and mobilizes its support.

The family as an institution has steadily grown fragile. The prevalent nuclear type enjoys less of the social and economic security afforded in traditional intergenerational families. Interaction among the limited number of members is more intensive and provides fewer alternatives at times of conflict and tension. In a largely wage earning society, changes in the economic picture and the labor market exert considerable influence upon the family. Sickness, illness, disability, aging, unemployment, and other forms of dependency add to the burdens of this frail institution. Careerism, the need for multiple sources of income to cope with the rising costs of living, and the new inclination toward freedom (meaning concern with personal individualistic interests) have further weakened the family structure. Even, some of the public social welfare measures have contributed toward the same results. In summary, the family has become the collecting point of the effects of stresses and strains in almost all other institutions. These stresses and strains are neither bound to given socio-economic strata, nor to a particular ethnic or geographic distribution. Furthermore, certain families have become so marginal or troubled that their needs for supportive services are of long-term or indefinite duration.

It is neither possible nor necessarily desirable to attempt to turn back the clock on institutional change. Rather, the issue is to provide the necessary public mechanisms that would assist families in need in coping with the impacts of such change. The significance of the human consequences of failure of the family becomes clearly evident when one considers the societal functions it serves and that no alternative institutional forms have been evolved. It is where society's norms and values are transmitted, from where the most basic forms of security are derived, and where a variety of other human needs are nurtured. Certainly, human services in one way or another contribute to the resolution of problems touching the family. However, in most cases, these services are organized around and provided to individuals who happen to be members of families. It is also often the case that most services are oriented to specific types of pathologies or problems, where families marginal on most dimensions find it difficult to qualify. Unlike other institutions such as medicine, law, the economy, politics, etc., there are no public mechanisms for the support of the family as a unit when problems arise. No where does the need for such a mechanism become clearer than in relation to the prevention and control of abuse and neglect of children and other family members. In this respect I recommend:

1. The development of community family centers that may be called Family Maintenance Organizations (FMO's) or by some other designation.
2. That a campaign of public education be launched about the recognition of symptoms of family problems and urging families to avail themselves of preventive services through these FMO's; the [illegible] for such campaigns are fairly numerous in the field of public health.
3. That these organizations do not become divorce centers, abortion centers, or marriage centers; but rather ones that would mobilize available and needed services and resources to bear upon the problems of client families; these functions and others will be further specified within the broader context of human services.

A Contextual Model[3]

Specialization in services and other forms of intervention is an inevitable outcome of differences in the nature of problems to which they are addressed, the growth of knowledge about these problems, and the corresponding technological developments. Although in many respects functional, specialization has resulted in considerable proliferation and fragmentation in the structure and actual delivery of services. This situation is further complicated by the involvement of various jurisdictional levels in public programs (federal, state, and local). Adding to this complexity is the influence of incrementalism in program development.

One factor contributing to piecemeal additions and reforms in human services involves ambiguities and shifts in emphasis between two types of programs that, for the lack of better terms, will be referred to as "functional" and "categorical." Functional programs are problem oriented, regardless of the populations that encounter the problem. Thus, health care is oriented to pathology and injuries regardless of other characteristics of those experiencing them -- whether they are abused children, other children, or adults whose health conditions warrant care. In contrast, categorical programs are organized around the needs of certain categories of the population, such as the aged, children, the disabled, veterans, etc. One underlying factor in the many generations of reorganization of human services at the various levels of government, especially at the Department of Health, Education, and Welfare, has been vacillation between functional and categorical arrangements of programs. Similar problems characterize attempts to organize programs on child abuse and neglect in many communities, where functionally oriented agencies are attempting to take on the categorical responsibilities of coordination. Thus, in addition to providing the functional services in which they specialize, hospitals and mental health clinics are becoming involved in the role of coordinating the activities of other agencies. In fact, some arrangements seem to duplicate already existing programs on child maltreatment in the community.

It is important to recognize that both components need to be considered in the proposed model for the structure and delivery of services concerning child maltreatment. Involved children and parents share with other sectors of society many common problems that fall within the domains of the same functional agencies. The similarity of those needs makes it equally important that program development be done with one eye on the nature of the problem and related service requirements, and the other on the broader context of human services. To avoid duplication and unnecessary overlap, programs organized around problems of abuse and neglect should build upon existing functional services, where they can serve common needs. For example, designating and advertising a special telephone number to call for reports or help on problems of abuse and neglect serves an important function. However, confusion must arise when the public is bombarded by special numbers for each type of crises, such as suicide prevention, drug addiction, veneral diseases, unwed mothers, poison control, squad ambulances, just to name a few. A contextual view would lead to the consolidation of emergency situations into one easy number that people can memorize. It then becomes the responsibility of recipients of the calls, who are in better states of mind to distinguish among the types of emergencies, to make the appropriate arrangements. Finally, certain problems, and therefore specialized needs, may be associated with child maltreatment, as is the case with crises intervention or foster home placement.

An incomplete list of relevant services and other intervention activities around which functional programs are organized would include: medical screening; treatment; restorative care; mental health services; counseling to children, parents, and foster parents; nutritional services; emergency placement; temporary placement; adoption services; day-care facilities; education; legal representation; vocational services (training, rehabilitation, and placement); income maintenance and support; family housing; and homemaker services. Many of these headings include a variety of types administered by different agencies. For example, there are many forms of income maintenance programs such as those associated with unemployment insurance, veterans' benefits, social security, disability and other benefits, aid to dependent children, etc. Some of these services are more applicable to the children, others to the parents, and still others to the families as a whole. With the exception of the type of crisis intervention needed in the case of child maltreatment, and possibly placement services, the rest of these services are oriented to problems common to other children and adults. There should be no need to duplicate any of these services within the boundaries of a hospital, a protective agency, a center, or other newly created entities. Rather, efforts toward building a community program for child maltreatment should be directed to improving and expanding existent services, if needed, and to developing non-existent ones.

The coordination of these services and activities calls for the other component of the programs--the categorically oriented agencies. The relations between the two types (functional and categorical) are represented graphically in Figure I. Categorical-coordinative agencies are needed for those sectors of the population with multiple problems whose needs fall within the domains of large numbers of agencies. Multiproblem families, including those involved in abuse and neglect, the disabled, and the aged constitute examples of such sectors. Focusing now on child maltreatment or family maintenance responsibilities of the categorical-coordinative agencies would include:

1. Activities related to case identification.

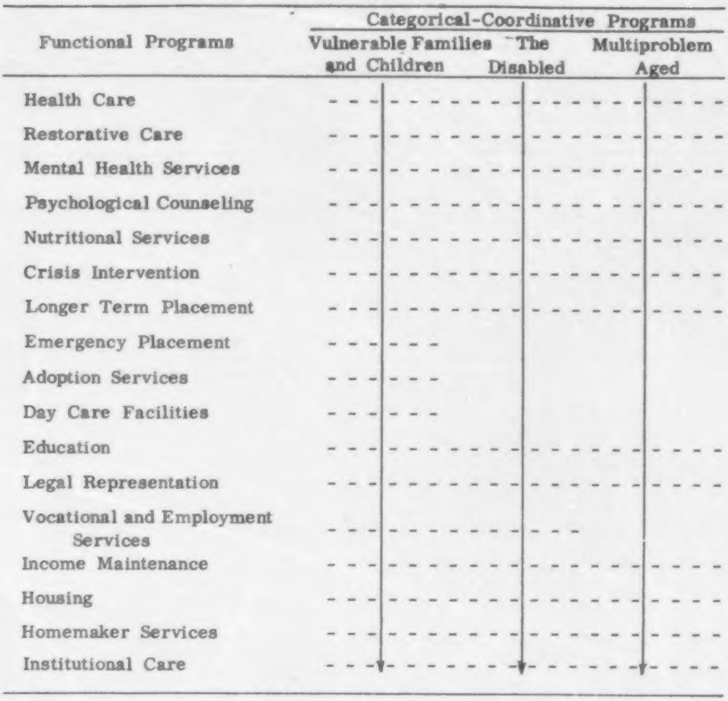
2. Carrying out or participating with law enforcement officers in the investigation of reports on the maltreatment of children or other family members.
3. Keeping centralized records on reports and active cases; such records should become oriented to case management in the sense of reflecting an up-to-date picture of the pathways of children and parents through the system, services received, decisions made in regard to their cases, and the current status.
4. Mobilizing community services and resources and case management of client families through functional agencies providing services and benefits, as well as through the legal aspects of the situation.
5. Arranging for periodical review of cases and for joint assessments and decisions at important points in the process.
6. Assessment and development of the community resources and services needed by children and families.
7. Arranging for programs on public and professional education concerning the prevention and treatment of family pathology and child maltreatment.

If the categorical-coordinative agencies are to perform these functions effectively, they must be equipped by legal mandates that would render the practices of other public agencies consistent with these definitions of responsibilities. Thus, the coordinative agency should be notified upon the receipt of reports of suspected child maltreatment by other agencies. The participation of coordinative agency personnel in initial investigations should also be mandated.

In addition to structuring legally the interrelations between the functionally oriented and the categorical-coordinative agencies, the latter should be given the necessary resources to enter into contractual arrangements for obtaining the services needed for their clients. This could be done through the direct purchase of services, such as

FIGURE I

A Diagrammatic Scheme For The Structure
Of Programs On Child Maltreatment


Categorical-Coordinative Programs
Functional Programs
Vulnerable Families and Children
The Disabled
Multiproblem Aged
Health Care
Restorative Care
Mental Health Services
Psychological Counseling
Nutritional Services
Crisis Intervention
Longer Term Placement
Emergency Placement
Adoption Services
Day Care Facilities
Education
Legal Representation
Vocational and Employment Services
Income Maintenance
Housing
Homemaker Services
Institutional Care

from hospitals, clinics, and private vendors. Another possibility would be to extend resources to another public agency so that it could enhance its own staffing, and thus accommodate the needs of children and their families. An example of the latter arrangement would be providing funds so that local health departments could establish positions for public health nurses whose time would be devoted to these problems.

It should be noted that the role of categorical-coordinative agencies as defined here does not include involvement in therapeutic placement, or other services around which functional programs are organized. Focusing the categorical-coordinative agencies' role on the case management aspects should help resolve a number of dilemmas and conflicts. These agencies' non-involvement in the direct provision of services falling within the domains of functional programs should both reduce the potential for interorganizational conflicts and eliminate unnecessary duplication of efforts. The most likely candidates for the categorical-coordinative role are the child protective services. To transform these agencies into Family Maintenance Organizations would require considerable change in functions and the ways they are performed.

Informed Development

No longer is it appropriate to equate funding and resources in themselves with progress in problem solving, nor is it useful to confuse activities with accomplishments. Hard data are necessary for informed development. Harold Lasswell clarifies the role of systematic information in the continual process of policy and program planning and implementation which he views as comprising seven steps:

> These include the intelligence function, i.e., the gathering of information which may include either information which suggests a problem for policymakers' attention or information for the formulation of alternatives. A second function is the recommendation of one or more possible policy alternatives. A third is the prescription or enactment of one among several proposed alternative

solutions. A fourth is the invocation of the adopted alternative, and a fifth is its application in specific situations by executive or enforcement offices. A sixth stage of the decision process is the appraisal of the effectiveness of the prescribed alternative, and the seventh is the termination of the original policy.[4]

To specify in the law, the types of information needed without consideration of the limits of feasibility can become wasteful. For example, the Act mandated "a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which the incidents of child abuse and neglect are increasing in number or severity."[5] When taken literally, plans for such a study became quite controversal because of the limits of conceptual and methodological possibilities to address the problem as stated. Therefore, it is recommended that such limits be taken into consideration in writing the statutes or that they be stated in ways that would allow the necessary flexibility. Knowledge is developmental and cumulative, and the status of knowledge at a given time may preclude the feasibility of definitive information on given issues. To pursue this particular mandate further, there are at least three types of rates of abuse and neglect: reported, confirmed, projected, and actual. The latter is most difficult if not impossible to agree upon conceptually or methodologically. The first three statistics, especially the third, are relatively easier to attain and can provide useful estimates of the problem for policy and program planning.[6]

Aside from estimates of incidence and prevalence, the function of appraisal as outlined by Lasswell requires certain types of information.

1. About the structure and performance of programs in federally funded demonstration sites; such information should be concerned with methods, costs, and results.

2. Similar information about communities which mobilized their efforts to apply for demonstration grants but received none.
3. And again, similar information about communities where the emulation of current demonstrations has taken place.

At least four types of data are necessary for sound policy and program analysis: (a) directly from clients and other segments of the population in contact with these programs; (b) from providers of services, investigators of reports, and administrators of agencies and programs based on their individual opinions; (c) official reports of agencies; and (d) the public-at-large. Furthermore, it should be noted that one shot evaluations are not as useful as long-term continued programs of information and monitoring. Physicians and weather forecasters have learned that a change in readings is more significant in diagnosis and predictions than an initial set of measures. It is also important that longitudinal monitoring systems not be focused exclusively on outcome, but include explanatory information as well. Emphasis in the selection of explanatory factors should be on manipulable variables, so that they would not only suggest directions for change, but also make such change possible. The survey conducted in 1974, and referred to earlier, provides a fairly comprehensive benchmark of the national picture just prior to the enactment of this Law. It constitutes a rare opportunity as a base for such a monitoring system the likes of which we have not had in the evaluation of human services.

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5. Child Abuse and Neglect Prevention and Treatment Act (PL 93-247).
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AMERICAN HUMANE

March 2, 1977

Honorable John Brademas
Subcommittee on Select Education
Rayburn Office Building
Washington, D.C. 20515

Dear Mr. Brademas:

We respectfully submit the following statement as testimony for the record in the hearings on the extension of The Child Abuse Prevention and Treatment Act.

We urge that congress reaffirm its concern for the plight of our country's neglected and abused children by reauthorization of Public Law 93-247. However, we strongly recommend that the act be re-focused to maximize support and funding of treatment services to children in identified cases of neglect and abuse.

In its current form, major emphasis of the act is to underwrite research and demonstrations with minimal support given to the strengthening of Child Protective Services. We suggest a turn-about in emphasis. More specifically:

1. We urge that 70% of the total sum appropriated under this act be allocated for distribution to the states for the specific purpose of aiding states in developing, strengthening and carrying out child abuse prevention and treatment programs.

2. We recommend relaxation of the rigid criteria which currently bar some states from qualifying for a share in the current (5 - 20%) allocation for this purpose. While supporting the validity of the standards we reject the rigidity with which they are applied. It would more adequately serve those children who desperately need treatment if criteria were relaxed sufficiently to permit substantial compliance with standards.

3. We suggest that there be an allocation of not less than 25% of the appropriation under this act for any fiscal year to be used for grants to

institutions of higher learning or to private, non-profit organizations for the conduct of training and/or research in the operation of resource centers and demonstration projects.

Strong emphasis is placed on the recommendation that this allocation be used for grants, not contracts, and that eligibility be focused on non-profit organizations.

4. A major recommendation relates to the composition and function of the Advisory Board:

We urge that the Secretary appoint an Advisory Board composed of 21 persons to advise and assist in coordinating programs of the National Center on Child Abuse and Neglect, and to advise and assist in the development of Federal guidelines for child abuse prevention and treatment programs.

But, we urge a modification in the composition of the Advisory Board from the present pattern!

We recommend that seven members be appointed from NCCAN-funded projects, seven from other knowledgeable persons in the field and seven to be drawn from appropriate federal agencies.

Membership on the Board should extend for the life of the act, but in no event for a period longer than three years. The Board should meet quarterly and should prepare an annual report for the secretary.

It is recommended that not less than 1/2 of one percent, but not more than one percent, of the appropriation for any fiscal year shall be allocated for use in support of the activities of the Advisory Board.

The failure on the part of our government to appropriate funds authorized by congress under Title 4B of the Social Security Act for Child Welfare Services has constituted a gross lack of support for services desperately needed to meet the rising demands of an ever expanding problem--the phenomenon of child neglect and abuse.

Our studies have documented not only the mounting tide of incidence of child abuse and neglect (this agency operates the National Clearinghouse on Child Neglect and Abuse), but also the urgent need for more staffing in child protective services and more training for new staff.

We strongly urge your support for reauthorization of Public Law 93-247 and pledge you our support in the continuing effort to prevent child abuse and neglect in this country.

Sincerely yours,

Vincent De Francis

Vincent De Francis J.D.
Director
Children's Division

VDF:sc

Testimony on The Child Abuse Prevention and Treatment Act (PL. 93-247)

prepared for

The House Subcommittee on Select Education

by

Kathleen Lyons, Washington Representative
National Coalition for Children's Justice

March, 1977

The National Coalition for Children's Justice is a private, non-profit organization working to improve conditions for institutionalized youngsters and children in public care in general. The Coalition is grateful for the opportunity to comment on the renewal of PL. 93-247, The Child Abuse Prevention and Treatment Act.

Coalition members have carefully monitored implementation of the Act since its passage in 1974. It is our reluctant conclusion that continuation of the majority of activities authorized under PL. 93-247 cannot be justified in financial or human terms; and, that maltreated children and their families would be far better served by integrating the positive features of the Act into more comprehensive child and family services legislation. For this reason, the Coalition supports the Administration request to limit reauthorization to a one-year period with the understanding that this time will be used by Congress and DHEW to formulate a broad federal response to the needs of abused, neglected children. New policy in this area should address a number of issues that lie outside PL. 93-247's present mandate or capability, including: 1) ways to encourage the development of preventive and crisis-oriented services for troubled families at the local level; 2) establishment of methods to keep track of children in public care and to ensure their timely return to a secure family-like environment; and, 3) the development of monitoring mechanisms for measuring the effectiveness of service providers and for guaranteeing their fiscal accountability.

Congress may want to consider amending PL. 93-247 in ways which will help guide the Federal government in mapping out a national strategy to protect children. This Subcommittee has heard ample testimony describing the poor administration of National Center on Child Abuse and Neglect (NCCAN) programs, and has received a number of suggestions for improving various portions of the Act. Chief beneficiaries of the modest research and demonstration program authorized under PL. 93-247 have not been abused, neglected children nor even direct service providers but rather academicians, researchers, and private, profit-making consulting firms. NCCAN has supported research of limited utility such as the multimillion dollar incidence study and inquiries aimed at identifying "high risk" candidates for abusive parenting. Representatives of the poor and minority groups have expressed understandable concern over NCCAN-supported research efforts that associate abusive behavior with their constituencies, particularly in cases where adults are labelled as potential abusers even before they become parents. In addition to funding a number of questionable research projects, NCCAN has also wasted money on training and technical assistance activities that duplicate efforts undertaken earlier by other federal agencies. In deciding what programs to fund, NCCAN, for the most part, has not made use of the wealth of experience and practical knowledge built up over the years by direct service providers. For these reasons the Coalition endorses amendments to PL. 93-247 earmarking more funds for services and less for research. In addition, service providers themselves should be encouraged, whenever feasible, to add research and evaluation components to their own projects.

The Coalition also supports a proposal by the National Committee for the Prevention of Child Abuse to permit states with less inclusive mandatory reporting statutes to receive federal funding under the Act. Since passage of this legislation, public awareness and reporting of suspected incidents of abuse and neglect have increased dramatically; services for troubled families, unfortunately, have not kept pace. The majority of protective services units around the country have neither the staff nor the funds to operate effective rehabilitative programs for abusive families that are already known to them. NCCAN's promotion of broadly conceived state mandatory reporting laws, including such hard to define behavior as "emotional abuse," in these circumstances is unconscionable. This one-sided emphasis on reporting in the absence of generally available services places "helping" agencies in the position of unwillingly abetting a continuation of the abusive cycle. Young victims of maltreatment in the home are subjected to unsettling dislocations in foster care and are "high-risk" candidates for additional abuse in residential child care institutions. The Government Accounting Office recently reported that millions of dollars have been paid by DHEW to child-care institutions which did not even meet notoriously lax state licensing standards. "Almost half of the institutions we visited were either unlicensed or had serious physical deficiencies."[1] To discourage improper placement of abused/neglected children in warehousing settings or in an unending series of foster homes, the Coalition proposes that new language be added to Section 4(b)(2) of the Act authorizing grants to states:

> (K) Require court approval of a written treatment plan for every child removed from the home for reasons of neglect or abuse which would include: 1) where the child will be placed; 2) what steps will be taken by

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[1] GAO Report, "Children in Foster Care Institutions - Steps Government Can Take to Improve Their Care," JRD-77-40, Feb.22, 1977.

> the agency charged with his/her care for returning the child home; and 3) a timetable for insuring the child a safe and permanent home either through return to his/her biological parents (or legal caretakers) or through initiation of termination of parental rights proceedings. The plan shall insure that, in general, placement will be in foster family or small group home within the child's own community unless the placement agency submits proof, in the form of recent overt behavior, that the child is a danger to him/herself or others and requires institutionalization. At no time shall any child removed from the home for reasons of abuse or neglect be placed in a correctional setting.
>
> (L) Provide for a review of the status of all children removed from the home for reasons of abuse or neglect, including voluntary placements, by the court or an alternative body approved by the court at intervals not to exceed six months.

There appears to be no relationship between a state's participation under the Act and the effectiveness of its prevention and treatment program; furthermore a great deal of time and effort has been needlessly wasted by NCCAN and state officials in futile arguments over whether or not a state qualifies for funding under Section 4(b)(2). If Congress decides to allocate a greater percentage of funds available under the Act to the states, the Coalition recommends that all states be allowed to participate and that the qualifiers laid out in Section 4(b)(2), with the addition of the amendments cited above, no longer be conditions for participation but goals toward which all state protective services should work utilizing funds newly available under the Act. Although the money flowing to the states under this program would be miniscule compared to the magnitude of the problem, this approach would at least give states an idea of the direction which future Federal initiatives are likely to take and would be infinitely fairer than NCCAN's present system of doling out funds.

One final word of caution. The immediate needs and individual circumstances of abused children and their families are many and complex. Policy to deal with this problem must take into account much more than reporting requirements and incidence rates in order to be effective. An entire spectrum of concerns needs to be addressed in a comprehensive fashion similar to that adopted by the Juvenile Justice Standards Project. In addition to prevention and treatment resources, "gateway" laws and procedures that define the kind and quantity of children entering the public care system and "exit" mechanisms such as termination of parental rights laws and subsidized adoption must be taken into account. Only by looking at the system as a whole can policies be developed that will adequately protect the health and well-being of our nation's young people.

Washington Po
Wed Jan

Kathleen Lyons

Rescuing the Children

In an otherwise thoughtful article on the decline of the American family (Outlook, Jan. 2), Urie Bronfenbrenner contributed to public misperceptions about child abuse by citing wildly inaccurate incidence statistics.

According to the American Humane Association's Clearinghouse on Child Abuse and Neglect, which has been charged by HEW with compiling statistics on the subject, approximately 2,000—not 200,000—deaths can be attributed to child maltreatment each year. The Clearinghouse estimated 650,000 reportable cases of abuse and neglect took place in 1974, the first year for which any attempt was made to collect data nationwide. Since four or five cases of neglect usually come to the attention of authorities for every one incident of physical abuse, annual totals for the latter are estimated to be in the range of 100,000 to 200,000—a far cry from the "at least 2 million battered-child cases" cited in the Bronfenbrenner piece.

The writer is Washington representative of the National Coalition for Children's Justice.

The history of these inflated incidence figures is instructive. Over a year ago, the New York Times (and The Washington Post) ran a wire service story based on an interview with an HEW official under the headline, "Child Abuse Rate Called 'Epidemic.'" The statistics cited, based on a preliminary Clearinghouse report, were scrambled beyond recognition by the time they got into print. A typographical error in an early edition of the Times added a profusion of zeros to the mortality rate given in the interview, ballooning this figure from 2,000 to 200,000. Later disclaimers to the story failed to halt the spread of the pernicious zeros; they turned up in newspaper features weeks later, and were solemnly intoned on the network news.

An ample mythology had already sprung up around the subject, however, prior to the runaway zeros. Somehow the phrase "battered child syndrome," coined by Dr. Henry Kempe of the University of Colorado Medical School to describe a very specific set of physical abuse symptoms, came to stand for the entire range of maltreatment suffered by children.

The federal government took the broad view, initiating a modest research and demonstration program to find out more about the causes, incidence, prevention and treatment of child abuse and neglect, not simply the battered child syndrome. At the urging of HEW, states enacted comprehensive reporting laws covering every imaginable form of parental wrongdoing, including subjecting a child to such vaguely defined harms as "mental injury" and "emotional abuse." Since no uniformity exists among state child abuse reporting laws nor any consensus on what constitutes abusive or neglectful behavior of a nature serious enough to justify governmental intervention, incidence figures remain fuzzy to this day and no one can say with any certainty whether or not maltreatment of children is on the increase.

All this has been complicated by the fact that states and localities, partly at the behest of Washington, have launched publicity campaigns and installed hotlines to encourage the reporting of suspected abuse. It is an admirable effort. But as one consequence, understaffed protective services agencies in many parts of the country have been swamped by calls and forced to winnow out for immediate investigation those that sound the most urgent. Inevitably, some children in need of protection fall between the cracks. These instances are duly reported in the press under headlines befitting a rising epidemic while the system that spawns them rolls merrily along.

Taking Exception

In addition to encouraging the reporting of suspected instances of abuse and neglect, HEW also supports research aimed at early identification of potential abusers, and federal funds also subsidize self-help programs for abusive parents such as Parents Anonymous, which is modeled on Alcoholics Anonymous. But comparatively few dollars have gone to beef up services for the youthful victims of abuse and neglect.

Not surprisingly, many of these children exhibit behavioral problems as a consequence of their maltreatment that reduce the chances of finding them an adoptive home or permanent slot with a foster care family. They often end up in correctional facilities intermingled with hardened offenders or warehoused in private, profit-making institutions thousands of [illegible] from their home communities.

If, as Bronfenbrenner asserts, the family is the "key social unit" for ensuring future generations of public spirited and enlightened citizens, then surely government policies regarding child abuse must change. And here it is worth pointing out that, for the first time in recent memory, a hefty concern for the family was interjected into a presidential campaign.

The President-elect had many words of praise for his running mate's leadership in family-related issues in the Senate, including child abuse, while Carter's choice for the top spot at HEW, Joseph Califano, acted as special adviser on federal programs affecting the family during the campaign.

If promoting togetherness is a goal of the new administration, it might want to start by taking a second look at federal child abuse policies that are encouraging the wholesale removal of children from the home. Funds now set aside for institutionalized children (and adults) need to be opened up to substitute programs such as homemaker and crisis services, special education, and pre-and post-natal care, aimed at keeping families together.

In instances where a child must be placed in substitute care for his or her own protection, safeguards need to be established to ensure that the child is not subjected to further exploitation at the hands of the "helping" agencies—the courts, social services agencies, and child care institutions. For families are not the only institutions in America guilty of mistreating our children.

Child Abuse and Neglect: Toward a Stronger and Broader Foundation for Practice and Policy

Testimony before the U.S. Senate Subcommittee on Child and Human Development by Eli H. Newberger, M.D.*
Hearing on Child Abuse and Neglect
April 6, 1977

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My comments this morning on child abuse and neglect are organized in three parts: first, remarks on specific sections of the Child Abuse Prevention and Treatment Act of 1974 (Public Law 93-247); second, suggestions for a more nearly adequate administrative approach to the mandate of the statute by the Department of Health, Education, and Welfare; and third, observations and recommendations from the perspective of a pediatrician on the evolution of our national concern with child abuse and neglect. I should like to emphasize at the outset my strong feeling that, important as these problems are, our coming to terms with their many origins and expressions should dovetail with our development of a rational policy on child health and child development. Therefore I have appended to my statement a recent paper, drafted at the request of the Advisory Committee on Child Development of the National Research Council, which addresses these issues and treats child abuse and neglect in a larger social policy context. The changing nature of child health morbidity and mortality obliges us seriously to contemplate the linkage of child health to child welfare and child development services and to consider child and family policy in relation to other national policies on health, employment, housing, education, and income. (Appendix: Child Health in America: Toward a Rational Public Policy, by Eli H. Newberger, Carolyn Moore Newberger, and Julius B. Richmond, published in the Milbank Memorial Fund Quarterly Health and Society 54:3, 249-298, 1976).

I. Remarks on the Child Abuse Prevention and Treatment Act

Section 2(b) (6) specifically mandates the Secretary to conduct a full study of "the national incidence of child abuse and neglect". This mandate is probably unnecessary; further, interpreted literally, it has resulted in an unproductive expenditure of resources. Rather, the adequacy of local services needs urgently to be assessed, both by measurement of cases on the books (this is prevalence, not incidence) and by evaluation of the delivery capacity of the several elements of service structure.

Section 4 can be strengthened as follows:

4 (a) (1): for the development and establishment of training programs which foster cooperation of professionals and institutuions of the several disciplines to identify, prevent, and treat child abuse and neglect. (Rationale: the discipline-stratified approach to training favored by the National Center on Child Abuse and Neglect in DHEW has effectively perpetuated traditional turf boundaries and inhibited the development of interdisciplinary work across institutional lines).

4 (a) (2): add "at least one center to be known as a regional resource center shall be established and maintained in each of the ten DHEW regions. The Secretary shall establish standards of staff experience in direct services and research in child abuse and neglect, availability of direct service models for the evaluation and treatment of child abuse and neglect, preparation for expert consultation in the areas of child abuse and neglect, and other important resources for projects funded under this section". (Rationale: this wording, suggested by Dr. C. Henry Kempe, would enable the development and perpetuation of centers of professional excellence in the field, which would buttress the evolution of sound clinical practice, research, and policy. These three areas are related, and some greater assurance of permanency is needed to attract and keep top-notch people in this field. The state of the art -- and the rational basis for policy -- need continuing support, in no small part due to the formid-

able complexity of the clinical, research, and policy issues and to the limited number of professional groups who can move the field ahead).

4 (b) (2) (D): In order for states to qualify for assistance, there should be assurance of adequate protective service programs at the county level, in accord with Federal standards. Each county should demonstrate linkages to services other than child welfare services, and a representative citizen group should participate in defining and overseeing the program. (Rationale: this is to foster service integration and responsiveness to local needs; in addition to laying the groundwork for citizen-based Child Development or Child Health councils in a future child development policy).

Additionally, the legislation should mandate an extra-governmental advisory council to the National Center on Child Abuse and Neglect which would guide and support the development of program and policy, especially in the research and evaluation area.

II. Suggestions For a More Nearly Adequate Administration of the Child Abuse Prevention and Treatment Act

The problems which have characterized the National Center's approach to the mandate of P.L. 93-247 will not be solved by reorganization alone, but some shifting of lines of responsibility will help. First, an extra-governmental advisory council would support the staff of the Center in essential policy-making functions. (Such a council might have avoided the model reporting statute fiasco, which continues to the present. It might have steered the staff toward a more appropriate incidence survey and helped form a rational training strategy. The strange and incoherent research, demonstration, and evaluation effort derived from a coincidence of misadventures, including an ill-advised priority scheme and an impossibly overworked review panel, not all of which might have been avoided had there byen advisory council to account to).

Rather than to pretend that child abuse and neglect and problems which exist in isolation from other issues of child development and health and mental health, the National Center should be brought in close organizational proximity to the other related DHEW programs. This can best be accomplished by a beginning redevelopment of the Children's Bureau and the establishment of a mechanism at the level of the Secretary's office for integrating children's and family services. National Center programs can and should be integrated with, for example, maternal and child health services, Title XX, and adult and child mental health services, most if not all of which are content to have child abuse and neglect be someone else's messy problem. (The situation is reminiscent of what one finds in discipline-stratified practice in most community settings; the human dynamics are likely the same).

Although it goes without saying that strong, sound leadership in OCD and OHD is needed, it is well to emphasize the need for a structure which fosters interactive problem-solving among the various technical groupings in the Federal structure. Just as in the best child abuse and neglect clinical practice the potentialities and limitations of each discipline are acknowledged and appreciated, so too will an administrative framework which encourages respect, communication, and collaboration among the discipline counterparts produce a richer national program. Now that attention has been focused on child abuse and neglect through the establishment of a National Center, the greater attention to the prevention and treatment of the prevention and treatment of the problem will result from a more broadly established Federal effort.

III. The Development of our National Concern for Child Abuse and Neglect: Problems and Implications.

Only recently have child abuse and neglect been identified as problems worthy of the states' attention. Beginning with the publication of Henry Kempe's important paper - "The Battered Child Syndrome" in the Journal of the American Medical Association in 1962 - there began an effort to try systematically to identify the victims of child abuse and neglect.

This led to the initial development of child abuse and neglect reporting. But it soon became clear that the children who were being reported were from poor and socially marginal families with preferential selection of nonwhite children who received their care in public clinical settings. We still have this illusion that child abuse and neglect are problems of poor people exclusively - even though we now have indirect evidence that the cases are more widespread.

These are problems that affect children of all social classes. But it is the children of poor and socially marginal families who get identified as victims of abuse and neglect.

More affluent families' children, who receive their medical care in private practice settings, where the relationship of clinician to family, the payment structure, and the ethics of treating personal information are quite different, may have their injuries characterized as "accidents". The name "accident" connotes an isolated, random event.

In fact, my own research shows that there are important associations between childhood accidents and child abuse and neglect, having to do with a particular child's innate qualities, developmental level and behavior, the child's family's ability to protect him from harm, and the realities of the child's nurturing environment. Accidents at home and in automobiles are the leading cause of child death and suffering and domestic trauma accounts for the greater proportion in preschool children. My point is that many child abuse and neglect cases in richer homes are mis-diagnosed as "accidents". These children do not appear on case report rosters. They are often unprotected. And the very diagnostic names "abuse" and "neglect" carry important, implicit judgements, which clinicians are understandably reluctant to make.

It's easier to make the diagnosis of child abuse if you are a physician in an inner-city hospital emergency room or in a clinic for the indigent. Calling a poor, or Black, or Indian, or Chicano mother a bad parent -- that's what the diagnosis means -- is acceptable there. It's also less painful to report the case, where the family isn't paying you directly, and where you may never see them again.

Our concern with child abuse and neglect, and most research on the problems, derives from cases which have come to light through the existing social agencies. We really have focused our attention only on those children who are accessible to study. We still have a very narrow frame and entirely too limited a population to which we direct our efforts. One of the most important things we need to do is to look at the universe of need.

I mean this both in the sense of all the children, rich and poor, white and nonwhite, and in the sense of all manifestations of child abuse and neglect. Our R and D (research and demonstration) efforts largely ignore the sexual misuse of children, the abuse of children in and by institutions, and the relationships among violence toward adults and violence against children. To address these problems would, to be sure, oblige looking at some troubling social realities and raise the question-in my mind-about whether we really want to deal with the issues of research and practice beyond the level of individual case.

Are we willing seriously to look at the values and traditions which shape sexual expression and exploitation? Can we face the widespread cruelty to children in institutions for the retarded, the delinquent - and even public schools? Do we really want to know what public assistance stipends pegged below the subsistence level or unemployment does to relations between parents and children? How do battered women, the promotion of violence on TV, and the coercive, degrading nature of many jobs bear on child abuse?

My point is that we are apparently unable to look at the origins and expressions of child abuse at the social level. As David Gil and Richard Gelles have pointed out, we create by our preoccupation with sensational violence in individual homes a kind of smokescreen. There's a "macro" smokescreen, which lets us as a society ignore uncomfortable problems - like poverty - as well as to ignore other issues of child health and adult and child mental health. As child abuse and neglect were highlighted by the Congress and by the previous administration, resources for children's immunizations and mental health were actually being cut back. And there's a "micro" smokescreen, where individual families can take comfort in knowing that those are the bad parents who abuse their kind over there. What we do in our home is o.k. This helps us not to think about - for example - our acceptance of corporal punishment and the emotional poverty of so many of our lives.

I need not add, perhaps, that the administrators of the federal R and D effort are also acutely politically sensitive. Any federally based program is going to reflect the administration's and the congress's values. Reading the Congressional Record in 1973, before this bill first passed, gives one a pretty good idea about what we want to do and find out about child abuse and neglect - and what we don't.

I think some of the criticisms of the way the bill has been implemented are well taken. But I disagree profoundly with the notion that we ought not to have an important portion of that money available for research and development studies.

There's no way a $20 million program can begin to answer the service needs of the million or so children whom we, through surveys, believe are abused and neglected each year.

I really don't believe that we have either an adequate rational base for the treatment of child abuse and neglect nor have we adequately disseminated technology, even to the extent that we know what good practice is. Now, this partly has to do with resources, but it also partly has to do with the need for "theory building" in this field.

We have yet to develop a theoretical base that enables us competently to deal with the many kinds of family problems that culminate in the physical symptoms of child abuse and neglect. We clearly need not only better knowledge in terms of understanding the type and distribution of family problems but we also need to have much more accurate understanding of the relationship of children's symptoms to family dysfunctions. We need to know what enables parents to cope and, importantly, what realities are associated with family competency and strength. This, in turn, will make for a more informed and rational clinical practice. I think it's much more a problem of an adequate conceptual and methodologic base of practice than a problem of not having sufficiently the ability to apply the too of what we already know.

I cannot presume to say what percentage of available resources ought to be devoted to research and development as opposed to service. I think that there ought to be both in the federal program. But I think that a hefty portion of the federal appropriation for child abuse and neglect must go to R and D. I think that it's the research and demonstration efforts that are going to lead to the same kinds of pioneering advances that we've seen in other areas.

In a lecture at the national conference on child abuse in Atlanta a year ago January, Dr. Edward Zigler, former director of the Office of Child Development and Sterling professor of psychology at Yale, noted that we are in child abuse and neglect where mental retardation was in the 1950s. This didn't make many of the assembled experts too happy, as you can imagine. But it made us think for a moment, and to worry about our headlong action in this field. A stronger and broader foundation for action is urgently needed.

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TO: Subcommittee on Select Education
Committee on Education and Labor

RE: Written Statement for Hearings on PL-93-247 - Child Abuse and Neglect Prevention and Treatment Act

My name is Kay Drews. I have worked in the area of Child Abuse and Neglect for eleven years. Currently I am Project Manager of the Child Abuse and Neglect Training Grant for the American Public Welfare Association. The grant is funded by the Office of Child Development, Department of Health, Education, and Welfare. The views presented are my own and I do not purport to present a policy statement of the American Public Welfare Association.

My statement is a summary of issues which concern State Protective Service personnel I have worked with during my recent contacts with the 48 of the 54 States, District of Columbia and territories of the United States. These personnel represented the State agency with the legally mandated responsibility to receive reports and deliver service to abused and neglected children and their families. I feel that the issues should be considered and addressed as this committee prepares to discuss the proposal to extend the Child Abuse and Neglect Act.

1. DEFINITION AND STATISTICS

Statistics are meaningless and misleading unless they reflect some standardization of definition. To speak and write in terms of an "epidemic" of child abuse and neglect based on numbers of reports is merely reacting to professional and public uncertainty as to what is abuse and neglect as opposed to families in need of guidance and help. Our current statistics certainly do represent a vast increase in reporting. The statistics have a startling effect, with images of starving and mutilated children. In reality, the figures also represent many children who are members of a disorganized family in need of supportive services. Many families whose names are on central registeries, are not unlike most American families who face periodic child rearing difficulties. To bring the point closer to home, each of us, as parents, has at sometime or another reacted inappropriately (either physically or verbally) toward our child. With just a small change in the circumstances (sometimes just time or place) we too, might be a part of the statistics of abusive or neglected families.

Statistics should serve as a tool for needs assessment and program planning. To meet this need, child abuse and neglect definitions and statistics should be looked at in terms of need for crisis intervention and need for preventive, or family support resources. The vast increases of reporting has placed a massive burden on social service agencies to conduct investigations and provide service. Most workers do establish their own crisis intervention priority system, but feel uncomfortable with the number of cases that are investigated, deemed to be non-crisis, and left in limbo because of case overload. The agencies often are mandated to submit all reports to a Central Registry but do not have the manpower to provide service to those families determined to be "not in crisis", but in need of support services. The result is one of intervention with little or no follow-up.

It is necessary therefore to define what is a reportable act of child abuse and neglect in need of protective services and rehabilitative services as opposed to families in need of support systems.

2. PREVENTION

If we can provide non-threatening resources to more families, we should then be able to reduce the number of cases requiring crisis intervention. Many families who have come to the attention of protective services might have sought help on their own if the proper resource had been easily accessible. Families and society still attach a stigma to protective services and mental health. It is unrealistic to think there will be large numbers of self-referrals to protective services or mental health. Prevention of child abuse and neglect might take a giant step forward if our society were to meet troubled families' needs. Our society is a transient one in which the inherent support of the extended family is disappearing. Isolation, one of the identified causes of abuse and neglect, results. Future funding should explore the development of family life resource centers which are distinct from protective services or mental health. Families, no matter what income level, should have as available to them as the public library, a resource for child development and child rearing information, and, marriage and family counselling. Family problems interrelate. It is time we stop putting a "Band Aid" on child abuse and neglect and start working toward preventing the causes.

3. DEMONSTRATION PROJECTS

Three years of funding demonstration projects have resulted in varying levels of success. However, future funding of demonstration projects must look beyond the actual funding period. If we are to demonstrate a successful model, there must be a built-in mechanism for perpetuating the models. This may mean providing a relatively secure funding source so as to obtain a commitment on the part of the State or locality to absorb the model, if successful, at the end of the funding period. Otherwise we have demonstrated nothing other than the fact a model can function with time-limited Federal funding but cannot without it. This is particularly valuable if we look at it in terms of strengthening the already available and existing networks.

4. STATE GRANTS

Currently some States are discouraged by the red tape and details involved in meeting eligibility for State Grants, particularly in view of the relatively insignificant amounts of funds available. There are, in addition, philosophical differences which, in part, are atributable to the difficulties in defining child abuse and neglect as discussed in section one of this paper. More specifically, problems for States in meeting eligibility are:

1. Guardian ad lietem - (Difficulty in the inclusion of or interpretation of)
2. Confidentiality - (the definitions of many States not comprehensive enough for approval)
3. Definition of Child Abuse:
    a. qualifiers such as "serious" or "severe" are questioned or not allowed
    b. mental injury - either is not included or interpretation is questioned by HEW
    c. negligent treatment - either is not included or interpretation is questioned by HEW
    d. exemption based on religious belief re: medical treatment - either is not included or interpretation questioned by HEW

Overall, the States have expressed support for a larger percentage of the funds, e.g., at least 50% of funds for grants in contrast to the current 20% maximum. The States are quite concerned about the amount of funding that has been awarded to profit making organizations for training because of the lack of Child Abuse and Neglect experience of the trainers and a lack of tailoring to local policy differences. There is hope that a larger percentage of funding being alloted to the States would result in the States being able to tailor training to their own needs.

Again, as with demonstration projects, funding and grants should be looked at in terms of whether they strengthen a State's capability to continue effective services to children and families.

5. ADVISORY BOARD

There is a generalized feeling of lack of the Federal Government - State government interaction. However, some Child Abuse specialits in the Regional office have maintained open communication very effectively with the States within their Region. It has been suggested by many States that the NCCAN Advisory Board be expanded or a new one developed which included representatives from those State agencies which are impacted by the Child Abuse and Neglect Act. The National Center could then better understand the impact or regulations or criteria which affect the delivery of Protective Services at the State level.

SUMMARY

It is my observation that States, in general, strongly support the extension of PL-93-247. However, as the House considers the extension of the acts, certain concerns should be addressed. These are:

1. The definition of child abuse and neglect must be looked at in terms of:
    a. What the statistics represent - Are we reporting and intervening in all situations ranging from families with child rearing difficulties to families whose actions result in severe injury or death of a child? Do the extremes come out in the form of a single statistic on the number of abused and neglected children?

   b. The impact of definition interpretation for States meeting eligibility for State Grants.

   c. The need for definition to relate to the type of response (e.g., crisis intervention or family support resources).

2. Once we can define what we are talking about in terms of child abuse and neglect, we can more definitively look at resources in terms of prevention. Caseloads could be reduced and family stress reduced if our society provided family resource centers that are non-threatening. We cannot expect self-referrals as long as we continue to identify families with child rearing difficulties with the need for Protective Services and Mental Health.

3. The success and future funding of demonstration projects should look beyond the actual funding period. Unless a project can survive without time-limited Federal funding it has demonstrated nothing other than the dependence on Federal support. Prior to funding a demonstration model there should be a provision of a relatively secure funding source so as to obtain a commitment on the part of the State or locality to absorb the model, if successful.

4. The criteria for States meeting eligibility for State grants must be looked at in terms of definition. Until we can define what the Federal Government means by Child Abuse and Neglect, it is premature to require State legislative hassle over terms such as "serious" physical abuse or neglect or mental injury. Likewise, there is need for clarification of guardian ad lietem.

5. The Advisory Board should be expanded to include some representation of those State agencies with the legal mandate to respond to reports of Child Abuse and Neglect.

TESTIMONY - P.L. 93-247 - THE CHILD ABUSE PREVENTION AND TREATMENT ACT

Submitted by the Commonwealth of Pennsylvania, Department of Public Welfare

The Commonwealth of Pennsylvania fully supports the concept of federal legislation in the area of child abuse and neglect. It is a major social problem well deserving of a coordinated national effort to eradicate. Therefore, the enactment of P.L. 93-247, the Child Abuse Prevention and Treatment Act was viewed with optimism in the State. We support the continuation of this legislation beyond its scheduled termination date of September 30, 1977.

Realizing that the breadth of knowledge regarding the scope, etiology and treatment of child abuse and neglect were indeed limited, it was encouraging that research and demonstration funds were made available to State and local agencies and institutions. Although some worthwhile progress was made toward increasing expertise in child abuse and neglect, there is still much more to be done in this regard.

As with many new programs, the progress of the first year was hampered by the necessary delays caused by regulation developments, and interpretations of concepts. In addition, the advance notice on grant announcements and distribution of same were inadequate to the needs of many agencies and institutions which were interested in developing research and/or demonstration projects in Pennsylvania and elsewhere. It would be advantageous for additional time to be provided to continue to fund research and demonstration projects. The knowledge that we have acquired indicates that there is much more to be learned.

We also suggest that additional funds be appropriated if this Act is allowed to continue so that a larger number of ideas for creative research and innovative treatment techniques can be funded.

Pennsylvania as well as many other states have spent the majority of the term of the Act attempting to achieve eligibility for a grant to the states as provided in Section 4(b) for the purpose of "assisting the States developing, strengthening and carrying out child abuse and neglect prevention and treatment programs." Our efforts and those of several other states have proved futile due to the definition of the term "child abuse and neglect."

We feel that some attempt should be made to redefine this term to make it more consistent with the policy reflected in the Pennsylvania Child Protective Services Law (Act of November 26, 1975, P.L. 438, No. 124, 11 P.S. 2201 et seq). This law attempts to balance the protection of the child with the protection of the family by defining the "abused/neglected child" as one showing evidence of non-accidental serious physical or mental injury, sexual or serious physical neglect by a parent or person responsible for the child's welfare. This criteria limits the intervention to clearly defined circumstances and lessens the possibility of inappropriate intervention based on the more general federal criteria of "harm or threatened harm." Although the Federal "Child Abuse Prevention and Treatment Act" omits the modification "serious," clearly "abuse" was not meant to cover minimal corporal punishment. Such punishment of school children has recently been specifically approved by the United States Supreme

Court in *Baker v. Owen*, 96 S.Ct. 210, October 20, 1975 affirming 395 F.Supp. 294 (1975). The Commonwealth has specifically added the modification "serious" in the belief that 1) the legal addage "*de minimis non curat lex*" (the law disregards trifles) was meant to be read into the federal act by implication and 2) neither the state nor federal government may properly interfere with normal discipline by parents of children: e.g., normal spanking, wrist slapping. "The custody, care and nurture of the child reside first in the parents." Prince v. Massachusetts, 321 U.S. 158, 166, 64 S.Ct. 438,442, 88 L.Ed. 645 (1944). Thus, the Pennsylvania Act and Regulations make explicit what is legally implicit in the Federal Act.

We reiterate our support of the continuation of this legislation and hope that our concerns as expressed will be considered if the Act remains in effect.

Testimony of

RAYMOND W. VOWELL, COMMISSIONER

State Department of Public Welfare

The State of Texas

prepared for the Subcommittee on Select Education,

Committee on Education and Labor,

U.S. House of Representatives

Hearings on Public Law 93-247

Child Abuse and Neglect Act

As the agency designated by the Governor of Texas to administer funds allocated to the states under Public Law 93-247, and as the agency designated to administer funds allocated under Titles IV-B and XX of the Social Security Act, the Texas State Department of Public Welfare offers the following testimony in relation to extension of Public Law 93-247.

The intent of this legislation appears appropriate as a means of calling attention to the growing problems occurring as a result of abuse and neglect of children in this country. The vehicles for use of the funds appropriated also appear appropriate in principle.

The administration of this Act appears to have been mishandled in some respects. This agency speaks from direct experience with regard to the provisions of Section 4(b), Grants to States, and from observation and limited direct experience with regard to the provisions of Section 4(a) for demonstration programs and projects.

The Act calls for the expenditure of not less than 50% of the amount appropriated under the Act to be used to comply with the requirements of Section 4(a). An impressive list of grants is available for review. To our knowledge, some of these have been effective and have added or will add to the improvement of services to prevent or treat abuse and neglect. Some of the grants, especially those for training have, as experienced by this agency, been of poor quality and ineffective.

It is with the administration of Section 4(b) that this agency wishes to express its serious concern based on first hand knowledge. This aspect of the legislation has, in the opinion of this organization, been mishandled from the beginning and still has not overcome many of the problems.

To begin with, proposed regulations were published on August 28, 1974, after a January 31, 1974, effective date for the legislation. Initial information and application forms relating to compliance were issued to the states by the Assistant Secretary for Human Development under date of November 21, 1974. The compliance statement and applications for funds for FY 1974 (under an extended granting date to December 31, 1974) authorized by Congress were due in the regional offices of the OHD by December 10, 1974.

The compliance statement is exceedingly long and complicated. Its complications are enhanced by the fact that the regulations (issued as final on December 19, 1974) contain requirements that go beyond the provisions of Public Law 93-247. Beyond this, the regulations and application forms were accompanied by yet another set of instructions which, in more than a few aspects, imposed requirements beyond even the regulations. In its Report to the President and Congress dated August 1975[1], the OHD states, "Section 4(b)(2) of the Act lists ten requirements which a State must meet in order to qualify under Section 4(b)(1). Regulations published December 19, 1974, further interpret these requirements. HEW Form 627, Eligibility Statement for State Child Abuse and Neglect Grant Programs, provides even further interpretation by rephrasing each regulation into questions and explaining how the State can meet the regulation. Some of the requirements can be met only by being enacted into the State's legislation. Some can be met through administrative procedures, and some can be met by a statement from the Governor." This "helpful" expansion created a tightening network of compliance requirements which go far beyond the law.

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[1] Report of the U.S. Department of Health, Education, and Welfare to the President and Congress of the United States on the Implementation of Public Law 93-247, the Child Abuse Prevention and Treatment Act, U.S. Department of Health, Education, and Welfare, Office of Human Development/Office of Child Development/Children's Bureau, Washington, D.C., August 1975.

Texas is still trying to untangle administrative nit-picking, "rephrased regulations," regulations, and law in its effort to comply. At times the effort hardly seems worthwhile. It involves securing Attorney General's opinions and, in some cases, even Governor's assurances of compliance with the law, to qualify for the $176,000 allocated to Texas for Fiscal 1976. This should be considered in the context that the Department is spending some $40.5 million in FY 1977 for Child Protective Services under its Title XX program and in excess of $3 million under Title IV-B. Its legislation under a revised Family Code preceded the federal legislation by one month, having become effective January 1, 1974. The Committee may be interested in the unsolicited report published in the "Child Protection Report" in its issue of August 26, 1976 (copy attached).

NCCAN reported that by the end of FY 1976 twelve additional states had qualified under Public Law 93-247, bringing the total to 28 states. But, alas, of the twelve, eight still had only "conditional" approval as late as January 1977. Those states are: California, Georgia, Louisiana, Michigan, New Jersey, South Dakota, Texas, and Washington. No money is available until these "conditions" are removed. The net effect, of course, is that the states have not, indeed benefited as yet from the funds available under this legislation. An interesting sidelight is found in the fact that Alabama, at the same time it was found to be qualifying under Public Law 93-247 for FY 1976 was in the process of having its neglect laws struck down by a three-judge U.S. District Court panel as being "unconstitutionally vague."

The attention of the subcommittee is called to another matter which is somewhat related to Public Law 93-247. This has to do with the administrative placement of Title IV-B of the Social Security Act. Present legislation requires administration of this program by the same state agency which administers the Title XX program and places administration at the federal level with Social and Rehabilitation Services, which administers the Title XX program. Efforts have been made to remove administration of SSA Title IV-B to the Office of Human Development. This agency records its strong opposition to such a move for two reasons. The first is the fact that the program content of Title IV-B is compatible with the administrative structure and program content existent under Title XX and can be administered more economically and efficiently in this context. The second is the unsatisfactory record accumulated by the Office of Human Development in its administration of grants to states under Public Law 93-247.

In summary, the State of Texas supports the extension of Public Law 93-247. It would recommend the following modifications:

1. A careful review of provisions in the law which have been identified as deterrents to compliance by states.
2. If such provisions are found to be unnecessarily restrictive that they be modified.
3. That the administering agency be instructed to review and modify its requirements for state compliance so that states can be encouraged to upgrade their programs for abused and neglected children.
4. That the administering agency be instructed to establish appropriate policies and controls with regard to the purposes for which demonstration programs and projects are funded and the competency of the organizations to which grants are awarded.

POSITION PAPER FOR HEARINGS OF THE
SUBCOMMITTEE ON SELECT EDUCATION
COMMITTEE ON EDUCATION AND LABOR
UNITED STATES HOUSE OF REPRESENTATIVES

P.L. 93-247, Child Abuse Prevention and Treatment Act

Gerald E. Thomas, Director
Bureau of Social Services
Department of Social and Health Services
Olympia, Washington 98501

Prepared by:
Gordon R. McDougall
Program Manager
Child Protective Services
March 9, 1977

INTRODUCTION The Washington State Department of Social and Health Services administers a statewide program of Child Protective Services supported partly by Title XX funds. Our estimated expenditures for FY 77 is $1,776,907. We have allocated 182 staff who provide social services (Child Protective Services) to 8,000 to 10,000 children and their families each month.

LEGISLATION Following the passage of P.L. 93-247, the Washington State Legislature conducted a series of public hearings about the problems of child abuse and neglect. In 1975, it subsequently passed amendments to the state's reporting law which were intended to bring it into compliance with the Federal Act and Regulations. A copy of the full text of our amended law is attended. Unfortunately, a punitive tone was also introduced into the law.

Staff from the Region X Office, DHEW, were a helpful resource during the legislative process.

PROJECTS Several child abuse and neglect projects have been funded in the State of Washington including the following:

90-C-76(C2)
Makah Child Development Services Center

This reservation-based program is developing a system to identify potential cases of child abuse or neglect and report the incidents which do occur, to coordinate services appropriate for dealing promptly with each incident, and to provide procedures for its tracking and followup. Elements of a comprehensive, tribe-oriented child development program include parent effectiveness training, income management, and interest discussion groups. Approximately 150 families are being served.

Ellen Ides
Makah Tribal Council
P.O. Box 115
Neah Bay, Washington 98357

5/1/76 - 4/30/77
$49,916

90-C-77(C2)(S1)

Coordinating Community Concern for Child Abuse and Neglect

This county-wide program under private auspices intends to reduce the incidence of child abuse and/or neglect through coordination of abuse/neglect services, direct services to parents, community education, and training and staff development. Program elements include a panel for family living involving representatives of all county agencies, group therapy and child management training for parents, the use of volunteers as follow-up parent aides, and the evaluation of a promising new procedure for the treatment of abuse/neglect.

Christina A. Narr, M.S.W.	5/1/76 - 4/30/77
The Panel for Family Living	$105,064
1115 South 4th Street	
Tacoma, Washington 98405	

90-C-485(C1)(S1)

Region X Demonstration Project for the Prevention of Child Abuse and Neglect

This demonstration project will identify, coordinate, and mobilize resources in the Region X area (Washington, Oregon, Idaho, and Alaska) to be used in the prevention or amelioration of child abuse and neglect. There are five general objectives: 1) to serve as a catalyst for the training of agencies and groups in activities related to child abuse and neglect; 2) to advocate within states and communities for the importance of public and private support; 3) to identify the universe of need and assess local readiness; 4) to establish or upgrade communication linkages; and 5) to provide technical assistance and consultation to program operators and direct support to satellite centers.

James A. Bax, Ph.D.	6/30/76 - 6/29/77
Northwest Federation for Human Services	$264,982
P.O. Box 2526	
Boise, Idaho 83701	

90-C-626(C1)
Project Ku-nak-we-sha' (Caring)

Tribal people of the Yakima Indian Reservation will be involved by this project in their traditional and once successful helping roles to reaffirm the Tribal extended family in caring for children and preventing their removal from the nurturing milieu when they become the victims of abuse or neglect. Emergency caretakers and homemakers will be trained and made available on a round-the-clock basis, a 24-hour "hotline" will be put into operation, and an emergency receiving home will be utilized when separation from parents is necessary. In addition, community resources will be coordinated, and educational and counseling services will be provided to develop positive alternatives to child maltreatment.

Maxine W. Robbins, A.C.S.W.
Confederated Tribes and Bands
of the Yakima Indian Nation
P.O. Box 632
Toppenish, Washington 98948

7/1/76 - 6/30/77
$149,896

90-C-869
Child Abuse and Neglect Curriculum Training Project

This project intends to demonstrate and evaluate the curriculum developed for the National Center on Child Abuse and Neglect ("We Can Help"). Training delivery will be the responsibility of a full-time trainer and small support staff in cooperation with the panel for Family Living (see above project entitled Coordinating Community Concern for Child Abuse and Neglect) the Northwest Federation for Human Services (see above project entitled Region X Demonstration Project for the Prevention of Child Abuse and Neglect) and the University of Washington. Training is planned for several hundred professionals including social workers, educators, law enforcement personnel, health professionals and special group persons (including racial minorities).

William T. Quick, M.S.W.
Community Services Division
Department of Social and Health Services
Box 1788
Olympia, Washington 98504

8/1/76 - 7/31/77
$45,004

There are many other projects and activities in the State of Washington funded by money from other resources, including the private sector. While these were developed independently of P.L. 93-247, the interest and activity sparked by this Federal Law have been considerable and supportive of these other efforts. Unique and noteworthy in these efforts is the rapidly growing Washington State Coalition of Councils for the Prevention of Child Abuse and Neglect. This coalition in its infancy already has representation from 23 of Washington State's 39 counties and shows promise of becoming a major voice on child abuse and neglect matters.

CRITIQUE OF EXPERIENCES UNDER P.L. 93-247

We have not conducted formal evaluations of the projects/activities made possible under P.L. 93-247, but we wish to make the following observations:

In general, we believe the lay and professional communities of Washington State are increasingly aware of the problem of child abuse and neglect as an outcome of these activities. Further, we believe they are also increasingly aware of their roles and responsibilities. These are major achievements.

However, more work must be done in two major areas for human service professionals. These are the following: training seminars for current practitioners and formal, curriculum content for students.

The National Center, established under P.L. 93-247, has funded the development of and then made available a wealth of resource materials. Excellent research has conducted or is underway, but overall, the knowledge base continues to be small. In fact, planners and practitioners are confronted daily with the lack of basic information. The search for current information and new information by researchers has created a new workload for state agency, child protection personnel like this author. With each National Center "Request For Proposal" have come inquiries and requests for information. Some studies have required completion of special questionnaires and all were under tight deadlines. Ironically responding to these has, at times, seriously detracted from doing the job which we, in such state programs, are required by newly amended law to carry out.

The "grants to states" area is of deep concern to the state of Washington. Our first year's application was turned down because our "child abuse reporting law" amendments had not been in place long enough. Our second year's application was "conditionally approved", but we are awaiting a decision as to whether our second attempt at meeting special compliance conditions will be approved. Without going into details here about the technical issues, we believe the intent to assist states improve their programming for abused/neglected children and their families has essentially been lost by using very stringent eligibility requirements. In our instance, we believe that the technicality of meeting the requirements will not significantly alter the end product of services to people. However, havingthe money would significantly alter services to people. We must add that the DHEW, Region X staff were most helpful in all stages of the process.

Recommendations We respectfully recommend the following:

1. First and foremost, extending this important law;
2. Changing the percentage of appropriation for direct grants to states to a higher level, perhaps as high as 50%, with the provision that the eligibility requirements not be as stringent;
3. Continuing the emphasis on training and technical assistance to achieve the needed level of service array, without undercutting research and demonstration projects which provide room for improvements in the future.
4. Increasing the level of appropriation to carry out this program effort from the current $25 million.
5. Redirecting 1% of the appropriation to continue or gradually phase out Federal funding of successful, direct service agencies.

State of Alabama
Department of Pensions and Security

Administrative Building
64 North Union Street
Montgomery, Alabama 36130

GOVERNOR GEORGE C. WALLACE
CHAIRMAN OF THE BOARD

GUY L. BURNS
COMMISSIONER
RICHARD E. ROBERTS
CONFIDENTIAL ASSISTANT
GIL JENKINS
DEPUTY COMMISSIONER

March 7, 1977

Honorable John Brademas, M.C., Chairman
Subcommittee on Select Education
Committee on Education and Labor
2178 Rayburn House Office Building
U.S. House of Representatives
Washington, D.C. 20515

[redacted]

Dear Representative Brademas:

I understand that a hearing regarding the extension of the program and funding provided by P.L. 93-247, Child Abuse Prevention and Treatment Act, is scheduled March 9, 1977. I enthusiastically support the extension of all the provisions of this Act. P.L. 93-247 was the incentive for the passage of a comprehensive child abuse and neglect reporting law in the Regular Session of the Alabama Legislature, 1975.

Through the compliance of Alabama's reporting law with the requirements of this Federal legislation, funds have been made available to the Alabama Department of Pensions and Security for training of staff reponsible for providing protective services to children; for statewide community meetings to promote inter-agency cooperation; for statewide public forums to create public awareness; for a statewide twenty-four hour telepage coverage system for receiving reports of suspected child abuse/neglect and making investigations of these reports; for a statewide toll-free telephone line to the Central Registry; and a demonstration homemaker project for one county.

The program provided by P.L. 93-247 has made a significant impact on protective services for children in Alabama as well as the nation.

I heartily endorse the extension of this program and its finding.

Sincerely yours,

Guy L Burns

Guy L. Burns
Commissioner

cc: American Public Welfare Association
1155 Sixteenth Street, NW, Suite 201
Washington, D.C. 20036
Attn: Iris Slack

Joseph A. Califano, Jr., Secretary, HEW
Robert B. Hinrichs, Acting Regional Commissioner
Alabama Congressional Delegation

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY
EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH
714-744 P STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-7653

March 7, 1977

Subcommittee on Select Education
Committee on Education and Labor
[redacted]
2178 Rayburn House Office Building
U. S. House of Representatives
Washington, D. C. 20515

Gentlemen:

The State of California requests that the following testimony be entered into the hearing on continuation of P. L. 93-247. We understand that though the hearing was held on February 25, 1977 there is additional time to submit comments.

The Child Abuse and Neglect Act should be extended through Fiscal Year 1979. This time period is important to California as it would give greater assurance that federal funds would be available to operate the Office of Child Abuse Prevention for a three-year period. That period is necessary in order to carry out our proposal to strengthen our existing programs and to identify areas needing administrative or legislative changes. Though our initial application for funds under P. L. 93-247 was made in 1974, none have been received as of this date.

The authorization should not be reduced below $25 million, and the full amount should be appropriated. The states are urgently in need of this funding.

The proportion to be allocated to the states should be increased to at least 50 percent. The present 20 percent is not adequate to carry out the direct services to protect children. If the states which have qualified at present shared the 20 percent ($5,000,000) equally, it would mean only $170,000 per state. If all 50 states qualified, it would mean $100,000 per state.

California's allocation (not released) is $269,283 for one year. This is not an adequate amount to carry out a significant project in such a large and populous state.

Thank you for accepting our testimony.

Sincerely,

GARY D. MACOMBER
Deputy Director for
Social Services

cc: Mr. Edward T. Weaver, Director
American Public Welfare Association
Attention: Ms. Iris Slack
1155 Sixteenth Street, N.W., Suite 201
Washington, D.C. 20036

Fulton County
Department of Family and Children Services

2001 MARTIN LUTHER KING JR. DRIVE S.W.
ATLANTA, GEORGIA 30310

GILBERT G. DULANEY
ADMINISTRATOR
VALLIE D. STATEN
DEPUTY ADMINISTRATOR
ANN JEWETT
PROGRAM DIRECTOR

April 6, 1977

Subcommittee on Select Education
Committee on Education and Labor
U. S. House of Representatives
2178 Rayburn House Office Building
Washington, D.C. 20515

RE: P. L. 93-247
Child Abuse and Neglect Act

The Fulton County Department of Family and Children Services supports the extension of the above-named law. We very much support the expansion of public law 93-247 for another five years, if not for a longer period. The following points need to be considered in any expansion:

A.1340.3-6 - Grants to States should be raised from 20% to 50% of the funds in order for more funds to flow to the states for the development, strengthening and carrying out of child abuse or neglect prevention or treatment programs, as stated in the law. Without an increase in funds, strengthening existing programs would not be possible.

B.1340.2-1(d) - Research, Technical Assistance and Demonstration should be reduced from 50% to 20% of funds. There should have been ample time to research the problem and demonstrate effective means of delivering services. Throughout this Research and Demonstration Process, very little attempt was made to look at and research already existing child protective services programs. Therefore, funds were wasted by duplication of efforts by failing to recognize earlier achievements and failures. What has been needed all along is more money for social service staff and resources, and this is not forthcoming.

C.Training - Funds are still needed for training of child protective services staff. Training materials of good quality have been developed under this grant. However, the states in turn will have to purchase these materials, hire staff to do training, and provide for travel and per diem. We do not have funds available in the State or local County to provide the necessary intensive training of our staff on a regular basis or to allow for continuing education and orientation for new staff. This situation puts our child protective services staff into a situation where they will be left with limited training resources and the clients will be the ones to suffer in the end.

Research, demonstration projects and public relations campaigns generate all sorts of public concern and outrage at this societal problem, but no one at any governmental level wants to spend any more money at the local levels where the problem is real and there 24 hours a day.

The law, as written, is only a beginning, and if extended "as is" will in no way begin to meet the purpose of the program as stated in 1340.1-1:

> "(a) The basic purpose of this program is to assist States and localities, and non-profit private organizations in carrying out their responsibilities for the protection of children and for the amelioration of their environment, particularly as an integral part of a family unit whose adult member(s) need help in coping with emotional or environmental stresses.
>
> "(b) The main thrust of this program effort is to assist State, local and voluntary agencies and organizations to strengthen their capacities to develop programs that will:
>
> "1) Prevent child abuse and neglect;
>
> "2) Identify abused and neglected children; and
>
> "3) Provide necessary ameliorative services to them and their families."

We request that the law be extended with recommended changes.

Sincerely,

Anne Jewett

Anne Jewett
County Program Director
Service Division I

AJ/blw

CC: Gilbert G. Dulaney
Vallie D. Staten

STATE OF KANSAS
ROBERT F. BENNETT, Governor

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
State Office Building
TOPEKA, KANSAS 66612
ROBERT C. HARDER, Secretary

February 23, 1977

Division of
Vocational Rehabilitation

Division of
Social Services

Division of
Mental Health
and Retardation

Division of
Children and Youth

Division of
Administrative Services

Alcohol and Drug Abuse
Section

State Office
Economic Opportunity

The Honorable John Brademas
Subcommittee on Select Education
Committee on Education and Labor
U.S. House of Representatives
2178 Rayburn House Office Building
Washington, D. C. 20515

[redacted]

Dear Representative Brademas:

I am writing in regard to the hearings on P.L. 93-247. Kansas, like other states, is receiving an increased number of reports of suspected abuse/neglect, thus I urge the reauthorization of this law.

Ultimately it is the states and local communities that must address this serious and complex problem of the prevention and treatment of child abuse/neglect. Therefore, it is important that serious consideration be given to altering the current apportionment of the funds under this act. A major portion of the funds should be allocated to the state so that we can better respond to this problem. I would recommend that a minimum of 75 percent of the funds be allocated to the states.

The grant funds authorized under P. L. 93-247 have assisted Kansas. However, I feel attention needs to be given to the statement in 4(b)(2), "In order for a state to qualify for assistance under this section, such state shall..." I suggest that the "shall" be changed to "should." The purpose of this law is to facilitate the prevention and treatment of child abuse/neglect and barriers to this goal should be removed.

Sincerely yours,

Robert C. Harder

Robert C. Harder
Secretary

RCH:mmc
cc: Governor Robert F. Bennett

STATE OF MICHIGAN
WILLIAM G. MILLIKEN, Governor
DEPARTMENT OF SOCIAL SERVICES
300 S. CAPITOL AVENUE, LANSING, MICHIGAN 48926
JOHN T. DEMPSEY, Director

March 10, 1977

The Honorable Representative John Brademas, Chairman
Sub-Committee on Select Education
House Committee on Education and Labor
2178 Rayburn House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Brademas:

Public Law 93-247 was the first specific federal law passed recognizing child abuse and neglect as a problem on the national level, drawing attention to its near epidemic-like proportion; and attempting to set the state for doing something about it. Its impact on the states, together with Title XX legislation, in my opinion, has been significant; as a result, speaking for Michigan, we have seen the resources allocated to Protective Services nearly doubled, going from approximately 7.5 million dollars in 1974-75, to a proposed 14 million (approximate) in Governor Milliken's Executive Budget for 1977-78. Because I see Public Law 93-247 as the national base for all the states' programs, I would urge that this legislation be extended.

As many State Departments of Social Services are responsible for the development and delivery of services to neglected and abused children and their parents, my only significant recommendation for change would be that more of the funds supporting this legislation be funneled through the states rather than awarded directly to various and assorted research, demonstration, and/or training projects. Much has been gained by way of knowledge and experience over the course of the past three years; and I think it is now time for all that has been gained to be put to practice. One sure way for that to happen is to funnel more of the money into the states' programs and set whatever mandates are desired in order for the states to qualify. This, too, should insure both the states and national resources are put to good use and coordinated to the maximum extent possible. Additionally, by attaching whatever set of qualifiers it wishes to, the Legislature could then insure that whatever objectives are defined and/or set would, in fact, be met. As a matter of fact, this could easily be incorporated into an on-going set of eligibility factors that every state would have to meet in order to qualify on a continuing basis.

I would appreciate it if these recommendations are considered and would like some sort of feedback as things progress.

Sincerely,

John R. Cole, Director
Protective Services Division
Office of Children and Youth Services

JRC:ck

Attachment

cc: Forrest Lewis, Child Abuse Specialist
Region V, HEW
Iris Slack, American Public Welfare Association

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC WELFARE
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

OFFICE OF THE
COMMISSIONER
612/296-2701

GENERAL
INFORMATION
612/296-6117

March 16, 1977

The Honorable John Brademas
Chairman, Subcommittee on Select Education
House Education and Labor Committee
Rayburn House Office Building, Room 2218
Washington, D. C. 20515

Dear Mr. Brademas:

Written testimony is being submitted on P. L. 93-247, the Child Abuse Prevention and Treatment Act.

Extension of this law is strongly recommended. Initial efforts need to be continued in order to realize any degree of significant change and improvement. This law has enabled Minnesota to improve its services and programs throughout the state, and to increase the level of awareness among the total population in the relatively short time it has been in effect.

However, the law, as it is, presents two areas of particular concern. We wish to draw your attention to these at this time.

On December 3, 1973, Mr. Biaggi, New York, expressed his concern regarding the training of professionals directly involved in the identification, prevention and treatment of child abuse and neglect. Since the passage of this Act, awareness of this problem and the number of cases reported have increased dramatically. The education and training of those professionals mandated by law to report suspected cases (some 20,000 - 25,000 in Minnesota) is of great concern to us.

By stimulating the states to improve their laws in this regard, an immense need for training has developed. This need is addressed in the Act. However, the limited funding for this purpose is frustrating. If this "bill is to serve as a catalyst to stimulate the growth of programs and projects . . ." as indicated by Mrs. Schroeder (Colorado) in her remarks in the House on December 3, 1973, it is recommended that Section 4 (b) (1) be amended in such a manner to raise the current ceiling of 20% "for the purpose of assisting the states in developing, strengthening and carrying out child abuse and neglect prevention and treatment programs." Until adequate training and education takes place for those persons in a position to make early identification, efforts at preventing this serious problem will not occur. Treating children and families after the fact is not the solution.

Prior to the passage of this Act, numerous members of Congress expressed concern that the requirements laid down for states to qualify for funding might indicate a position of Congress forcing the states to write their criminal laws as Congress directs.

It is our concern that Section 3, Definition, and Section 7, Coordination, stating the authority and responsibility of the Secretary, be clearly understood in view of the legislative history and intent of the Act. In our opinion, it is crucial that the regulations are interpreted in such a way as "to ensure that there is effective coordination between programs related to child abuse and neglect under this Act. . ." and not construed in such a way as to indicate a position of dictating to states in the writing of their criminal laws. Specific "recommendations" by the Secretary insisting that the reporting of neglect by mandated persons be brought about by legislative action seems to us to go far beyond the intent of the law and regulations. Particular attention is directed to 45 CFR 1340.3-3(a) that states, "The enactment of identical laws and procedures in the states is not necessary." It is our recommendation that language be incorporated into the Act and the regulations prohibiting an interpretation of the qualifications that would infringe on the rights of states or indicate a position of dictating to the states in the writing of their criminal laws.

Sincerely,

Vera J. Likins

Vera J. Likins
Commissioner

CW/amc

State of Mississippi

STATE DEPARTMENT OF PUBLIC WELFARE

P. O. Box 4321, Fondren Station
2906 N. State Street
JACKSON, MISSISSIPPI 39216

F. W. ST. CLAIR
Commissioner

STATE BOARD

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February 23, 1977

Representative John Brademas, Chairman
Sub Committee on Select Education
Committee on Education and Labor
2178 Rayburn House Office Building
United States House of Representatives
Washington, D.C. 20515

[redacted]

Dear Representative Brademas:

Re: Public Law 93-247

The Mississippi Department of Public Welfare would like to present its written comments on the above cited law and the impact this law has had on the lives of children and families in Mississippi.

The problems of child abuse and neglect which had been so adroitly concealed for years began to come out into the open in Mississippi due to the publicity surrounding the enactment of the act and the concern and interest from the Federal Government. In the years preceding 1974, Mississippi usually had a maximum of 30 children per calendar year identified as being in need of protective services due to serious physical abuse. In 1974, the public began to be more alert to the problem and the number identified that year was 75. In 1976, there were 303 children reported for abuse alone, there has been a parallel increase in neglect cases. Mississippi is not particularly proud of that number of children nor of the deaths that have been directly attributable to abuse and neglect. But better methods are now being developed to identify and rescue children from situations that are so destructive to their growth and development. We have a feeling that there are still many children in need of protective services; there are more families in need of help.

As a result of Federal intervention, the Mississippi State Legislature has moved twice to amend the state law to deal more adequately with the problem. We now have a broader scope of persons who can report and who are provided immunity for reporting, a guardian ad litem to represent the child, a recognition of emotional abuse, and other amendments that are non-punitive and more positive in meeting the needs of the family and of the child. More importantly is the gradual but consistent change in public attitude and opinion and the increasing cooperation and coordination of existing public and private agencies.

We advocate that the law be continued although there have been some programs funded that may not have accomplished their purpose. Most of the state departments of public welfare in the southeastern region have experienced the frustration of being the state agency that has developed some degree of expertise in dealing with the problem only to see a private group obtain funds and spend months or years in staff development and training with little direct service to the child and the family. We have also experienced the frustration of having an independent consulting group receive a grant to do research and the paper work referred to the department for completion of essential information. On the other hand, the grants that provided the training sessions and the regional resource center have been extremely valuable. Our recommendation reflects our bias but it would seem economically feasible to utilize existing and established agencies to develop a variety of programs to intervene with family dysfunctioning. With Federal impetus, we believe that each state has the structure to develop preventive programs.

Bigger and better detention centers and prisons may contain the results of child abuse and neglect, but until the basic problems are identified and treated, the costs in human suffering and the costs to the tax payer are incalculable. Public Law 93-247, despite its slow and wobbly start, has the potential to deal with these basic issues.

Sincerely,

F. W. St. Clair

F. W. St. Clair, Commissioner

AM:rcu

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
325 NORTH SALISBURY STREET
RALEIGH 27611

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

TELEPHONE
919/733-4534

March 10, 1977

The Honorable John Brademas
Subcommittee on Select Education
Committee on Education and Labor
2178 Rayburn House Office Building
Washington, D. C. 20515

Dear Mr. Brademas:

We welcome the opportunity to comment on the 1974 Child Abuse Prevention and Treatment Act (P.L. 93-247), the first piece of federal legislation to give major emphasis to the problems of child abuse and neglect.

While we feel that the Child Abuse Prevention and Treatment Act should be extended for three more years, to provide continuing federal leadership and monetary assistance in the area of child protection, we suggest that some changes be made in the Act.

Concerning Section 2(b) (4) of the Act, we think that a greater emphasis should be placed upon the provision of technical assistance on the planning, improvement, and carrying out of child abuse treatment and prevention programs for those public agencies and supportive agencies most closely involved in delivering basic child protective services. Such assistance would be most helpful if it were a cooperative effort among staff from the Office of Child Development, the Social and Rehabilitation Service, and other H.E.W. agencies having programs in the area of child protection. In the past, there has been little coordination among such agencies in some of their efforts to assist states.

Regarding Section 4(a) and 4(b), we feel that fewer funds should be earmarked for demonstration programs and projects and a much higher percentage, sixty percent or above, should be used for grants to the states to strengthen and expand community child protective services programs and programs of prevention.

While the conducting of research and the testing of new ideas through demonstration projects are important activities for the National Center on Child Abuse and Neglect to be involved in, the greatest, most critical need is for more money to improve and expand the basic child protective services currently being provided to children and their families. Federal funds set aside for such a purpose could perhaps be added to a state's Title XX or Title IV-B allotment, but earmarked specifically for protective services use.

It is extremely important that a careful evaluation and assessment be conducted of all demonstration projects and programs funded under the Act. It is our understanding that a summative evaluation of projects funded thus far under the Act was cancelled in December, 1976. Without an assessment of the effectiveness, usefulness, and practicality of each project, much of its value as a demonstration is lost.

Concerning Section 4(b) (2), while these are admirable standards for states to strive to reach, they are deleteriously stringent as eligibility criteria for receipt of state grants. As you know, after three years of effort, only twenty-nine states have received grants. The funds are greatly needed for augmenting and improving services to neglectful and abusive families, yet many states, like North Carolina, find that they are unable to meet the eligibility criteria.

Of the criteria in Section 4(b) (2), (D), (F) and (G) are three which many states find very difficult to meet. (D) requires a level of delivery of services, coordinated among a multiplicity of agencies, which it is unlikely that any state at the present time can assure is being met. (F), requiring the cooperation of all law enforcement officials, courts, and state human services agencies is another somewhat unrealistic expectation. In the case of local law enforcement agencies, for example, which are not responsible to a central agency, cooperation could not be mandated. However, community child protection professionals in North Carolina are continually working toward mutually supportive relationships with their local law enforcement agencies. (G), requiring a statutory provision for appointment of a guardian ad litem in every case of neglect/abuse resulting in a judicial proceeding, has proven to be one of the most difficult criteria to meet. While many professionals in the child protection field believe that the safeguarding of a child's rights and interests in a court proceeding requires a guardian ad litem, many others have serious doubts about their need in every case. Legislators in our state and in others are raising thoughtful questions about this requirement.

Regarding Section 6, we would suggest that the Advisory Board established by it be more vigorous in helping to coordinate federal activities and programs in the area of child protection. At the present time there seems to be inadequate interagency planning in services to children at risk.

Finally, we feel that procedures need to be devised so that regional H.E.W. staff involved in children's services, particularly Office of Child Development and Social and Rehabilitation Service staff, review demonstration projects proposed for their region before the Central Office of H.E.W. funds these. This would enable regional H.E.W. staff to explore with the state agency responsible for supervising the administration of child protective services what the likely impact of a proposed demonstration project would be in that state. Any lack of compliance with state law, or unrealistic or duplicative elements of such proposed projects could then be identified and assistance given with these.

Thank you for the opportunity to comment on this important legislation.

Sincerely,

Sarah T. Morrow, MD

Sarah T. Morrow, M.D., M.P.H.

STM:ald

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF SOCIAL SERVICES
325 N. SALISBURY STREET/RALEIGH 27611

JAMES B. HUNT, JR.
Governor

SARAH T. MORROW, M.D., M.P.H.
Secretary
Dept. Human Resources

ROBERT H. WARD
Director

IN REPLY REFER TO CODE FCS

April 25, 1977

The Honorable John Brademas
House Subcommittee on Select Education
Committee on Education and Labor
U. S. House of Representatives
2178 Rayburn House Office Building
Washington, D. C. 20515

Dear Representative Brademas:

We welcome the opportunity to comment on the 1974 Child Abuse Prevention and Treatment Act (P.L. 93-247), especially in regard to the extension of funding of regional resource centers. First of all, let me say that we feel fewer funds should be appropriated for demonstration projects and a much higher percentage, sixty percent or above, should be used for grants to states in order to strengthen and expand their child protective services programs.

If this is done, we understand that a major area of concern has to do with coordinating state activities. We would suggest that regional resource centers could fill this role. We recommend that Region IV's resource center in Athens, Georgia be continued, partially using the remainder of the appropriated funding, in order that this coordination be implemented.

While state resource centers, such as the one North Carolina has, are a good idea, we feel it would be more effective and practical to have a regional center, which can pool staff and other resources in one place as well as coordinate a number of the activities of the states in the region. It would be a costly duplication in having state resource centers to accomplish the same purpose.

We hope that these comments are helpful in your consideration of this issue.

Sincerely,

Robert H. Ward

Robert H. Ward

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BISMARCK, NORTH DAKOTA 58505

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February 18, 1977

The Honorable John Brademas, Chairman
Subcommittee on Select Education
Committee on Education and Labor
2178 Rayburn House Office Building
U.S. House of Representatives
Washington, D.C. 20515

RE: Hearing on Extension of
42USCA 5101-6
Child Abuse and Prevention and
Treatment Act (PL 93-247)

Dear Representative Brademas:

The Social Service Board of North Dakota recommends renewal of Public Law 93-247, the Child Abuse Prevention and Treatment Act, and accompanying appropriations.

This recommendation is based on our experience with the Region VIII Child Protection Specialist for the Office of Child Development, Dolores Meyer; Regional VIII Training and Technical Assistance Center, the National Center for Prevention and Treatment of Child Abuse and Neglect; and our receipt of state grants under 42USCA 5103 (b) in 1975 and 1976.

The grants received by the Community Services Division, Social Service Board of North Dakota have funded the state's first full-time Child Protection Services Supervisor. In addition, the grants have enabled us to disseminate public information on abuse and neglect, conduct specialized training about abuse and neglect, purchase training materials, begin a State Interagency Task Force on Abuse and Neglect, and enter into a project on court referrals of abuse cases. Child Protection multi-disciplinary interagency teams have also begun in five regions and several counties in North Dakota.

Section 5103 (b) (2) (A-J) sets forth state eligibility requirements necessary for the receipt of state grants. We are in concurrence with these criteria. Many of them were incorporated into the North Dakota Century Code 50-25.1 by our Legislature, effective July 1, 1975. This law provided a statutory base for child abuse and neglect and enabled the Social Service Board of North Dakota through the Community Services Division and County Social Service Boards to implement programmatic changes and improve the service delivery to abused and neglected children and their families.

Section 5103 (b) (1), of the Act outlines appropriations for state grants to be not less than five percent and not more than 20 percent. It is our recommendation that the percentage of funds allotted under state grants should be increased to a minimum of 50 percent when the Act is renewed. With the change in North Dakota's Child Abuse and Neglect Reporting Act, reports received by Community Services Division for abuse increased from 127 in the ten year period July 1, 1965 through June 30, 1975 to 767 Child Abuse and Neglect Reports during the one year period July 1, 1975 through June 30, 1976. The direct service and case supervision staff of the Division and the County Social Service Boards did not increase proportionately with that number of reports. Therefore, if more funding were allowed in state grants, it would be used to temporarily supplement our present staff until additional positions are made available through the North Dakota State Legislature. The staff could serve to meet the increased need for receipt of reports, investigations thereof, and monitoring of reports of abuse and neglect. A primary concern is that of provisions of appropriate counseling and treatment services to cases brought to light through our reporting act.

North Dakota has appreciated the publications prepared and dispensed through the National Center on Child Abuse and Neglect in Washington, such as "Planning and Implementing Child Abuse and Neglect Service Programs", "Federally Funded Child Abuse and Neglect Projects, 1975", "Child Abuse and Neglect: The Problem and Its Management" (3 volumes), "Diagnosis Process and Treatment Programs", and "Working with Abusive Parents". These materials were shared with us through our Region VIII Office of Child Development Child Protection Specialist.

We have also used our Regional VIII Center, The National Center for Prevention and Treatment of Child Abuse and Neglect in Denver, to provide faculty for in-state training, to obtain training materials, and for child protection team training. Section 5103 (a) (2) provided for the establishment and maintenance of this Center to serve North Dakota and other Region VIII states. In addition, Section 5101 (a) provides for the establishment of the National Center on Child Abuse and Neglect in Washington to compile and publish current research. We commend the Center in its efforts toward this goal. However, it is our impression that public awareness material, the National Center training curriculum and materials, and the incident study are all moving at a slower pace than the development of our own protective service program in our state.

We are concerned that any revisions with the renewal of Public Law 93-247 would not jeopardize North Dakota's current eligibility for state grants. We wish to continue utilizing federal funds for further developing, strengthening and carrying-out of child abuse and neglect prevention and treatment programs.

Thank you for this opportunity to comment on effective legislation which has enhanced federal and state cooperation in protecting children.

Sincerely yours,

T. N. Tangedahl, ACSW
Executive Director

cc: Honorable Arthur A. Link
Honorable Milton R. Young
Honorable Quentin N. Burdick
Honorable Mark Andrews
Francis Ishida, Deputy Regional Commissioner, Region VIII, HEW
Edward Y. Okazaki, Asst. Regional Director, OCD, Region VIII
Edward T. Weaver, Executive Director, APWA, Wash., DC

SOUTH DAKOTA

Department of Social Services
DIVISION OF HUMAN DEVELOPMENT
OFFICE ON CHILDREN AND YOUTH

State Office
State Office Building
Illinois Street
Pierre, South Dakota 57501
605-224-3115

February 24, 1977

Rep. John Brademas
Subcommittee on Select Education
Committee on Education and Labor
2218 Rayburn House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Dear Rep. Brademas:

I am writing in regard to the hearings to be held on March 9, 1977, on the Child Abuse Prevention and Treatment Act, PL 93-247. Since the Department can not be in attendance at the hearings, I would like to provide you with the following concerns and recommendations for the record:

1. The small number of states which qualified for assistance in the past (16 for FY75 funds) is indicative of a problem. Although some states may take issue with the requirements for qualification under the Act, the majority of states (40 in FY75) did make application for assistance. Rather, our experience has been that limited assistance has been provided to the states in meeting the requirements for the state grant. Although the staff of Region VIII, HEW have assisted us in this regard, they have been seriously hampered by conflicting and changing interpretations of the law by the National Center on Child Abuse and Neglect.

2. The small amount of the total funding (20%) under the Act going to the states is disproportionate to where the responsibility lies for dealing with the problem. We were startled last year when the funds set aside for state grants were reallocated to six demonstration projects when only 16 states qualified. This was a total of $1.5 million, which could have been reallocated to the states which did qualify for assistance, or to assist other states in meeting the requirements. The states should receive 75% of the total funds as a minimum.

3. One purpose of the Act was to establish an information clearinghouse. We are concerned that this organization is still not operational.

4. The strong emphasis on research, demonstration, and training was probably appropriate for the first three years of the Act. It is now time to move toward dealing with the problem, and this responsibility is primarily borne by the states. Again, we strongly urge that the majority of funding under PL 93-247 be allocated to the states.

5. The Advisory Board created by PL 93-247 does not include representation of the states and private organizations active in the prevention and treatment of child abuse and neglect. Many problems could have been prevented with this kind of representation.

I am sure other states share these and similar concerns, Should you have questions please call or write. Thank you for your assistance.

Sincerely,

James C. Marquart, D.S.W.
Administrator

JCM:mjm

cc: Delores Meyer, Region VIII, HEW
Iris Slack, A.P.W.A.

STATE OF UTAH DEPT. OF SOCIAL SERVICES

Division of Family Services

Evan E. Jones, Jr.
Division Director

March 11, 1977

Subcommittee on Select Education
Committee on Education and Labor
2178 Rayborn House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Honorable Sirs:

Utah established eligibility to receive direct funding under P.L. 93-247 in early 1975 and has received two grants under this law. We will make application for third-year funding prior to April 15, 1977.

These funds have been used to develop programs and purchase services for the prevention, identification and treatment of child abuse and neglect in Utah. Our program, called "Super-Parents," consists of lay therapists who provide direct services to abusing and neglecting parents and their children in an effort to maintain the family as a functioning unit. Another example is a contract negotiated with the College of Medicine at the University of Utah. This contract established a child abuse and neglect team at the University Medical Center. This team provides medical diagnostic and treatment services for the abused and neglected child. The team consists of a pediatrician, a psychiatrist, a coordinator and other medical personnel. A similar service is being provided in the Ogden area (Weber and Davis Counties). These and other services, would not be possible without the funds received under P.L. 93-247.

The Division of Family Services would like to express appreciation for the benefits we have received under this law, and respectfully request that full consideration be given to the extension of this program. The only change that we would appear appropriate, would be to direct a major portion of the funds from demonstration projects to direct program grants to the eligible states.

Thank you for your consideration and support in extending P.L. 93-247.

Sincerely,

Lloyd H. Nelsen

Lloyd H. Nelsen
Acting Division Director

LHN/WAL/ms
cc Anthony W. Mitchell
Iris Slack
William S. Ward

WEST VIRGINIA
DEPARTMENT OF WELFARE
CHARLESTON 25305

LEON H. [illegible], Ph.D.
[illegible]

February 28, 1977

Subcommittee on Select Education
Committee on Education and Labor
2178 Rayburn House Office Building
United States House of Representatives
Washington, D. C. 20515

RE: Public Law 93-247, The Child
Abuse Prevention and Treatment Act

I am writing today to express the comments and concerns of the West Virginia Department of Welfare in regard to Public Law 93-247, The Child Abuse Prevention and Treatment Act. Although our ideas concerning this legislation may not differ significantly from those of our sister states, I feel that Congress should hear from as many direct service providers as possible.

Until recently, child abuse and neglect were numbered among the silent but pervasive social problems which afflict this and other societies. With the exception of occasional newspaper or television reports, these problems were primarily the concern of public and private social work agencies.

The enactment in 1974 of the Child Abuse and Treatment Act and the subsequent public awareness campaigns carried out under its aegis have stimulated the general public's interest in these disruptive social phenomena.

This heightened interest and awareness has dramatically increased the number of reports of child abuse and neglect. Coupled with this increase in reporting is a demand for more effective services which will prevent further incidents, protect those already victimized, and rehabilitate the perpetrators.

Most social work agencies were unprepared for this deluge of new referrals. As a consequence, many reports of suspected abuse and neglect were not investigated while others were investigated in a less than satisfactory manner.

The foregoing does not reflect this Department's dissatisfaction with PL 93-247 as much as it indicates the shortcomings of that legislation. I am glad that the public is now interested in child abuse and neglect. Interest without adequate services, however, is of little value to those who cannot speak for or defend themselves, the abused and neglected children of our country.

I recommend that Public Law 93-247 be continued with the following changes:

1. That the appropriation for this legislation be increased. As an administrator of a state agency, I am acutely aware that funds are in short supply and that there are many claims to the monies which are available. If we do not provide funds to ameliorate child abuse and neglect now, however, we will pay far more in the future to repair the damages caused by it.

2. That the percentage of funds designated for states under this legislation be increased from between 5 and 20 percent to 50 percent.

   Research and demonstration projects and information gathering and dissemination are excellent features of the present law. It requires sufficient funding, however, to use this knowledge in the most effective manner.

3. That it be made less rigorous for states to qualify for grants under Public Law 93-247. Child abuse and child neglect are controversial topics. It is a difficult and time consuming process to convince a state legislature to enact statutes to bring their department of welfare into conformity with the present provisions of Public Law 93-247.

   While this process drags on, needed funds are held in abeyance. Children who are abused or neglected cannot wait several years while we arrange to be in conformity with the present requirements.

I appreciate the opportunity to present these recommendations about legislation which affects the most vital resource and the very future of this country, our children.

If I may be of further assistance to you, please feel free to contact me.

Sincerely,

LEON H. GINSBERG
Commissioner

State of Wisconsin \ DEPARTMENT OF HEALTH & SOCIAL SERVICES

DIVISION OF FAMILY SERVICES
1 WEST WILSON STREET
MADISON, WISCONSIN 53702

March 4, 1977

REPLY TO
ATTN. OF

Subcommittee on Select Education
House Education and Labor Committee
Rayburn House Office Building, Room 2218
Washington, D.C. 20515

I am writing to you concerning the extension of P.L. 93-247. In lieu of appearing personally, I am providing the committee with these written comments.

My main concern with P.L. 93-247 has to do with the amount of state grant money available to states and what requirements a state must meet to qualify for the money.

I propose that section 4(b)(1) of the law permit a percentage greater than 20% of the total sums appropriated for grants to states. A considerable amount of money has been spent on research and demonstration projects under P.L. 93-247 and I believe it is now time to enhance the ability of states to take advantage of the findings of these projects. One way of accomplishing this would be to increase the amount of money available to states to use for funding special projects.

Secondly, I believe the requirements which a state must meet in order to receive grant money are too strict. The result is to deny grant money to states, e.g. Wisconsin, who on a practice level are striving to improve child abuse/neglect preventive and treatment services, because at the legislative level either agreement cannot be reached or certain required sections are unacceptable.

I refer specifically to the required definition of abuse/neglect and the requirement that mental injury be included in the state law. Such requirements are controversial and emotional and become roadblocks to achieving improved legislation in other areas. Such requirements prevent some states with generally good laws and practices from taking advantage of federal funds.

Thank you for the opportunity to express my opinions about the law.

Sincerely,

Frank Newgent

Frank Newgent, Administrator
DIVISION OF FAMILY SERVICES

American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-5720

Anne Zimmerman, R.N.
President

Margaret F. Carroll, R.N.
Acting Executive Director

Washington Office:
1030 15th Street, N.W.
Washington, D.C. 20036
(202) 296-8010

April 1, 1977

The Honorable John Brademas
Chairman, Subcommittee on Select Education
House Education and Labor Committee
2178 Rayburn House Office Building
Washington, D.C. 20515

Dear Congressman Brademas:

The American Nurses' Association, through its Division on Maternal and Child Health Nursing Practice, would like to support the extension of P.L. 93-247, the Child Abuse Prevention and Treatment Act. At our June, 1976 biennial convention, the ANA House of Delegates passed a resolution which supports adequate federal funding of child abuse programs, adequate preparation in nursing curriculums for nurses to increase their knowledge and skills in the area of child abuse, the availability of family planning, counseling, prenatal and postpartum services to all people in need of such services, and participation of nurses in the decision making and planning stage of programs relating to child abuse and neglect.

P.L. 93-247 addresses a number of the problems related to child abuse. Many professional nurses are serving on the interdisciplinary teams responsible for activities under this Act. We support an extension of the law, but would like to see some shift in emphasis from data gathering and studies to define the problem to a stronger emphasis on evaluation of prevention techniques, more prevention and treatment programs that actually reach families, and greater interdisciplinary involvement.

We believe that there has been sufficient data gathering and that monies should now be directed towards dealing with the problem. This could include more teams to work with parents, more day-care and crises nurseries, better preparation of nursing, medical and legal professionals, and systems changes to deal with this complex social problem.

An incident reported to us by a Colorado nurse illustrates this need. After her "team" had gone through all the procedures and gotten one child neglect case to court, the children were returned to the family with no requirement for family counseling, further referral to a health facility, or any other provision for follow-up. When the team doctor was asked by the nurse "Why?" -- why bother when no change is going to take place, his answer was, "At least it protects us. When the child arrives dead, the chart will show we tried!" Unfortunately, this is the outcome of a good many court cases.

The American Nurses' Association feels that an interdisciplinary approach to the prevention and treatment of the battering family is mandatory. Nurses, social workers, educators, laypersons and physicians working as a team are a necessity to combat and conquer the child abuse problem. We strongly feel that prevention and treatment of child abuse should be an important concern to all individuals and appreciate the opportunity to comment on this legislation.

Sincerely,

Anne Zimmerman

Anne Zimmerman, R.N.
President

AZ:mw

NATIONAL COMMITTEE FOR
PREVENTION OF CHILD ABUSE

KANSAS CHAPTER, NCPCA
PO Box 3708, Lawrence, Ks. 66044
1220 W. 29th Ct.

February 22, 1977

John Brademus
Chairman
Select Committee on Education
Sam Rayburn Building
Washington, D.C.

Dear Mr. Brademus,

As Executive Director of the Kansas Chapter, National Committee for Prevention of Child Abuse, I am most concerned about the upcoming hearing on PL 93-247. The Kansas Chapter is made up of a coalition of over 50 organizations and agencies concerned about children in our state. Please know that this letter represents all of these.

In the interest of children and families, the National Center on Child Abuse and Neglect should not only remain intact, but funding should be dramatically increased. Research is showing increasing documentation that the majority of persons who are incarcerated as adults; appear before juvenile courts; and who apply for public assistance have been abused and/or neglected as children. This being the case, the prevention and treatment of child abuse and neglect ought to become the nation's number one social program priority. The reduction of abuse and neglect may also have a reducing effect on:

1. Crime
2. Tax dollars for jails, prisons, youth centers, public assistance, mental health facilities, etc.
3. Family relationships which are disruptive and unproductive.
4. Education programs for special students with emotionally caused learing disabilities.

Clearly, a huge savings in tax dollars would result.

Those of us working at the state and local levels in order to effect change in public dollar priorities, educating the lay and professional public, and developing new services for children and families are desperately in need of the federal government to set the examples for our state and local governments.

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Should the National Center on Child Abuse and Neglect continue, with adequate funding, I hope that a larger share of the available dollars would be spent on programs which are directed toward primary prevention. I would also appreciate it if the redundancy of programs were reduced, and that the funded projects were directed and helped to develop cooperative efforts among themselves.

There are many programs across the country which are struggling to affect the problem of child abuse and neglect. Facilitation of these through the National Center is desireable and is badly needed.

I (we) salute you in your work to develop leadership at the federal level. Please use this letter in any that you can to preserve the National Center on Child Abuse and Neglect with adequate funding to affect societal change by providing a safe and loving environment for children in their formative years.

Sincerely Yours,

Gwen Berghorn

Gwen Berghorn, MSW
Executive Director
Kansas Chapter, National Committee
for Prevention of Child Abuse

1220 W. 29th Court
Lawrence, Kansas 66044

(913) 843-1413

enc: 1
cc: SuEllen Fried (President, Kansas Chapter)
Brian Fraser (Executive Director, National Committee for Prevention of Child Abuse)
Mary Thomas

PARTIAL LIST OF THE AGENCIES AND ORGANIZATIONS WHICH MAKE UP THE KANSAS CHAPTER, NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE

Kansas Foster Parents Assoc.
Kansas Council on Crime & Delinquency
League of Women Voters
Salvation Army
The Mental Health Assoc of Johnson County
The Menninger Foundation
Church Women United
Kansas State Nursing Assoc.
The Villages
The Child Day Care Assoc.
Kansas Council for Children & Youth
Kansas Department of Health & Environment, Bureau of Maternal & Child Health
Kansas Sherrif's Association
International Order of Forresters
Kansas Association of Community Mental Health Directors
YWCA
The Dodge City Coalition
Kansas Children's Service League
National Education Association in Kansas
Association for Childhood Education
University of Kansas School of Social Welfare
Crawford County Child Protection Team
American Civil Liberties Union
Junior Leagues of Wichita, Topeka, & Kansas City, Ks.
Sedgwick County Coalition
Advisory Committee to the Division of Children & Youth
Department of Social & Rehabilitation Services, Division of Children & Youth
Kansas Mental Health Association
County Home Extension Units
Child Abuse Foundation in Wichita
SCAN Council
Douglas County Child Protection Committee
American Academy of Pediatrics, Kansas Chapter
School Nurses Association
Kansas Assoc. of Education for Young Children
State Department of Education
Parent-Teachers Association
Kansas Council for Justice
Kansas Association of School Social Workers
The Mental Health Association of Kansas
National Council of Jewish Women in Kansas
Wyandotte County Child Protectio Team
The Mental Health Institute
The Community Action Agency of Wichita
Kansas County & District Attorneys Assoc.
Parents Anonymous

BERKELEY PLANNING ASSOCIATES
2320 CHANNING WAY, BERKELEY, CALIF. 94704
(415) 549-3492

February 23, 1977

Rep. John Brademas
Committee on Education and Labor
Subcommittee on Select Education
U.S. House of Representatives
Washington, D.C.

Dear Representative Brademas,

We are pleased to submit written testimony for the Child Abuse and Neglect Hearings, 1977. As evaluators of twelve federally-funded child abuse and neglect projects* and of other locally sponsored child abuse and neglect programs, we would like to share with your committee some preliminary findings and observations from our recent work.

Generally, we perceive the child abuse and neglect field as being at a stage comparable in program development to many other social and health programs in the 1960's. An important problem has been recognized and has captured the attention of the general public. The need for an immediate response has been accepted. But in spite of strong advocacy statements, it remains true that the field is unsure how best to proceed and whether any of the possible approaches really can succeed in the long run to help solve the problem. Indeed, it does not appear that careful plans have been laid for identifying the range of possible strategies and testing the high priority ones. It is precisely in an emergent field such as child abuse and neglect that the strategy of systematic planning, experimentation, demonstration and evaluation, which so many have argued in retrospect should have been the approach in the 1960's, becomes most appropriate.

We believe that many positive lessons have been learned from the demonstrations we are evaluating, as reported in the following pages. However, our experiences suggest that there are several important gaps in the present child abuse and neglect demonstration programs: a lack of any long term, post-treatment follow-up to assess the impact of services; a lack of attention to strategies of prevention; a lack of emphasis on treating children, and the whole family, rather than just parents; a lack of treatment emphasis on the most severe cases where there are imminent threats to children's survival; and, in general, a desire to create a "program" even before coming to any understanding of the most effective and affordable approaches to coping with or solving the problems that the program is to address. It is not too late for the field to take a more systematic and "planful" approach to the problem, remediating some of the current gaps in the federal program; given the limited resources, we regard this as essential.

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*In addition to our current evaluation of the eleven Joint OCD/SRS Demonstration projects funded in 1974, we conducted a two-year evaluation of the Extended Family Center in San Francisco, an early OCD child abuse demonstration service project.

In the following pages we describe the federal child abuse and neglect demonstration effort we are currently evaluating, present some of our preliminary findings, as well as our current thoughts on how child abuse and neglect services might best be delivered.* We hope these comments will help point the way toward a more organized federal approach to the child abuse and neglect problem in the future.

What are the demonstrations and our evaluation attempting to do?

In May of 1974 the Office of Child Development and Social and Rehabilitation Services, D/HEW, jointly funded eleven three-year child abuse and neglect demonstration service projects**; one month later we were funded by Health Resources Administration, D/HEW, to conduct a three and one-half year formative and summative evaluation of these projects. The purposes of this approximately $4 million demonstration are:

(1) To develop and test innovative and/or effective models for the provision of services to abusers and neglectors;

(2) To develop and test innovative and/or effective models for the provision of services to abused and neglected children;

(3) To develop and test replicable models for coordination of community wide systems providing preventive, detection, and treatment services to deal with child abuse and neglect;

(4) To determine the costs, and cost-effectiveness, of different service strategies.

In order to accomplish these purposes, the projects are housed in several different types of agencies (protective services, hospitals, private social service agencies); they employ different kinds of staff (social workers,

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[*] More detailed statements of our early findings appear in the appended report, "Summary of Findings to Date, November 1976."

[**] The projects include: The Family Center, Adams County, Colorado; Pro-Child, Arlington, Virginia; The Child Protection Center, Baton Rouge, Louisiana; Child Abuse and Neglect Demonstration Unit, Bayamon, Puerto Rico; Arkansas Child Abuse and Neglect Project, Little Rock, Arkansas; Family Care Center, Los Angeles, California; Child Development Center, Neah Bay, Washington; Family Resource Center, St. Louis, Missouri; PACER, St. Petersburg, Florida; Panel for Family Living, Tacoma, Washington; and the Union County Protective Services Demonstration Project, Union County, New Jersey.

psychologists, educators, homemakers, nurses, lay people); they use different mixes of services (individual counseling and therapy, group therapy, parent education classes, lay therapy, therapeutic day care, play therapy, supportive and advocacy services); they serve a range of kinds of cases; and they use a range of different strategies for improving the community systems in which they operate. The appended Case Studies of these projects explain in detail the dimensions of the projects.

In general, the projects are employing a range of traditional and innovative strategies and as such represent pioneering efforts in the field, now being replicated by other communities across the country. It is too early, however, to assess the true impact and importance of the projects; since they have one more year to run, not all the data on their activities have been collected and analyzed. Yet, based on their first two years of experience, preliminary observations and impressions can be presented.

What problems did the projects encounter in implementing these programs?

The projects have encountered many similar problems in implementing their programs, as outlined in detail in the Epilogue of the appended Case Studies Report. The most pressing problems included finding experienced staff members and training them, establishing credibility in the community, establishing working relationships with other agencies in the community, defining what kinds of cases were to be served, and establishing realistic, achievable goals. Because these projects were the first wave of demonstrations, they had very little in the way of experiences of others to rely on; most things they did had to be learned through trial and error. The average time taken to fully implement their programs was close to nine months. Many things can be learned from their experiences to help other projects, as documented in the appended Handbook for Implementing Child Abuse and Neglect Programs. Perhaps the single most important lesson is that new projects must, from the very start, involve all key community agencies in their planning and program implementation. From the federal perspective, this implies that federal agencies should require that proposals for service money demonstrate that community agencies have commitment to and plan to work with the new project. Once a program is underway, coordination with other agencies should be formalized, typically through written contracts. While this takes a lot of time, it ensures that as individual workers turnover, the coordination activities will continue.

How many families do the projects serve and how much does it cost?

The projects intensively serve in total approximately 850 families at any time, with approximately 1200 families served in any one year. In addition, investigations and initial diagnoses are performed for another approximately 800 families a year. The families served do not differ on any significant dimensions from those reported by state Protective Service Departments on the National Reporting Form to the American Humane Association; we expect that these families are also similar to those served by the newer NCCAN demonstration projects. The average cost of serving a family across projects is approximately $1600 per year (families may receive services from two months to two years). Projects primarily using volunteer lay therapists for treatment provision with a focus on the parents spend approximately $1000 per year on a family; projects offering a wide array of services to both parents and children through the use of paid professionals spend approximately $4500 per year on a family. We do not know at this point if the dollar expenditure per family is related to positive outcomes of treatment.

Who are the projects serving and not serving?

In general the projects are serving parents who have physically and emotionally abused and neglected their children, as well as potential abusers and neglectors, from a range of age, income, race/ethnicity, and educational backgrounds. Of these, because of the large number of families needing service related to their treatment capacity, they tend to concentrate on the more motivated cases rather than giving priority to more severe cases in terms of past harm or risk to child or need for intensive service. They tend not to serve extreme psycho-neurotic cases, cases complicated by drug and alcohol abuse, or sexual abusers, but they do refer these cases elsewhere for treatment. They tend not to focus on families with adolescent children who have been abused or neglected. They tend not to focus on the male abuser or neglector. And finally, they tend not to provide treatment services to the abused or neglected child.

Have changes occurred in the projects' communities since the projects' inception?

The child abuse and neglect systems in all eleven communities have undergone significant changes since the projects were initiated. The amount and type of services available and the awareness and education of both professionals and community people have increased dramatically. In general, the key agencies in these communities (protective services, the courts, the hospitals, the police, the schools) are communicating with each other better and coordinating more of their activities. In each community it is apparent that the demonstration project was influential in helping bring about these changes. At the same time, in several communities, other child abuse and neglect activities, prompted by the 1974 Child Abuse and Neglect Act and the subsequent influx of money into the field, were as, if not more, responsible for some of these changes. In any case, we believe that the goal of helping to improve the community-wide system is an important one for any demonstration service project to have.

How successful have the projects been in accomplishing their goals?

With the exception of two projects, one of which has had excessive staff turnover and thus major setbacks in the second year, and one which has had tremendous difficulty implementing the planned program, significant advances have been made in accomplishing the goals the projects have established for themselves (the goals, listed in the appended Case Studies, included such activities as enhancing the communities' awareness of abuse and neglect and establishing an effective treatment center for parents and children). Despite the fact that four of the projects floundered considerably in their first years, their second year activities suggest that their accomplishment of the goals they set will be comparable to projects which got underway with less difficulty.

Do the projects meet the identified need for services in their communities?

While only three of the projects were set up to handle all identified cases of child abuse and neglect in their communities, all of the projects have made significant contributions toward ensuring that the services needed in their communities for identified cases are available. In some instances the projects have developed the necessary services themselves; in other instances, the projects, backed by a growing concern about child abuse in their communities due to the passage of the Child Abuse and Neglect Act and an influx of money into the field, have served as catalysts for the development of the needed services. While none of the eleven communities are fully equipped to handle all of the identified cases, they are much more prepared now than two years ago. Most clients (on the order of 75%) identified in need of services by the community probably now get into the system and obtain some service. Whether the amount, quality, and kind of service these families are getting is adequate for their needs is unknown, but we would readily judge that even in these communities, more services are needed simply to deal successfully with the families currently in the system. How many families with an actual need for service fail to be identified by the community is also unknown.

Were the projects worthwhile investments?

The projects have had important impacts in their own communities and have demonstrated strategies and approaches which, while innovative at the time the projects started, are now widely being adopted around the country. However, the value of a "demonstration project" is not simply its local community impact, but in how much is learned that is useful to other communities. The fact that these projects were funded with a common strong evaluation component from the outset provides a much greater opportunity for learning from the projects' experiences, than has been afforded by demonstration programs in other social problem areas. In the 1960's, millions were spent on "demonstrations" which were never evaluated or were evaluated one-by-one, rather than with a single design. As a result, little was learned, what was learned was not widely shared, and eventual frustration emerged as taxpayers, professionals, and clients recognized that many of the social problems addressed by programs were not being solved on a national basis (and perhaps were unsolvable). It is as important to know if the projects are failing as it is to know if they are succeeding. It is important to know not only if projects succeeded in implementing ongoing provision of service, but if the immediate outcomes of services for families are positive and desirable. It is also important to know what kinds of intervention strategies offer the greater prospects of success and at what costs in designing any kind of state or national policy or program for intervention. The joint demonstrations should provide important insight into such questions. If this happens, the public investment in the projects as "demonstrations" will have been very worthwhile. However, the absence of any long-term follow-up as part of the Federal evaluation does mean that the question or whether the projects really "solved" the child abuse/neglect problems in the families they served will remain unanswered.

What will happen to these projects when federal funds end?

An inherent problem with all demonstration projects is that the end of the demonstration period heralds the end of financial support and projects stand a good chance of disappearing. The strength of a demonstration lies not only in its ability to test out meaningful strategies, but also to perpetuate its existance, if the demonstration was in fact valuable. It appears that certain components of all the projects and all components of some will be picked up by local community agencies, so that, in principle, the projects' activities will continue. This is clearly a statement of confidence by communities in the value of the demonstrations.

What services appear to be important?

It appears, and workers in the eleven projects agree, that individual counseling is not sufficient by itself as a service to families with abuse and neglect problems. Abusive and neglectful actions are symptoms of a wide range of complex emotional, situational and behavioral issues that simply cannot be dealt with simplistically. Services to complement individual counseling, which are thought to be very important, include: group treatment including self-help groups such as Parents Anonymous; parent education classes; lay therapy; and day care. In addition, basic advocacy and supportive services such as welfare and housing assistance or transportation appear to be essential. Regardless of the mix of services provided and who provides them, it appears very important, from the perspective of quality case handling, that qualified, experienced people be used in a supervisory capacity to help workers with the most severe cases and to ensure that workers periodically review and continually maintain awareness of all their cases -- this is particularly true for projects that use lay or inexperienced workers for treatment provision.

Are formal federal guidelines for the delivery of quality services needed or desirable?

We do not believe that there should be federal guidelines for the delivery of quality services at this time; the complexity of the problem suggests that flexibility is important. There seems to be emerging professional agreement on what the critical elements of quality case management and service provision are for different kinds of cases, but "best practice" consensus is by no means imminent and should not be legislated at this point, if ever. However, the federal government could play a major role in ensuring that the experiences with treatment delivery of those in the field are documented and distributed widely. Child abuse and neglect have been recognized as important problems, and the need to respond has been accepted, but no one really knows for sure what works. A response of experimentation and evaluation seems most appropriate for treatment, although the need remains critical to provide protection for children in immediate risk of severe harm.

What is the value of an interdisciplinary approach to treatment?

Our impression is that the greatest value of an interdisciplinary approach to treatment is in training and sensitizing workers to the range of problems their families might have and in pursuing a range of alternative treatment approaches. It does not appear to be important for the client to have direct interactions with people of different disciplinary backgrounds, although different disciplinary perspectives are necessary to understand the clients' needs. In addition, an interdisciplinary approach can have great value in improving the cohesion of the community-wide child abuse and neglect system as well as the coordination of any given case. The concept of an interdisciplinary approach should not be limited to the use of a Multidisciplinary Diagnostic Team and need not be conceived of as a static group of people; there appears to be great value in involving many different individuals and agencies in a project's treatment efforts.

What has been learned about the use of non-professionally trained workers?

It appears that the use of non-professionally trained workers, provided they have adequate supervision, is very do-able, and because of cost savings, particularly worth further trial in communities with limited resources. Non-professionally trained workers appear to be a good complement to and possible substitute for professional workers, particularly in working with less severe cases. In general, we are very encouraged by what we see in those projects using lay therapists and other types of volunteers.

What kinds of training are needed by those who work with abusive and neglectful families?

Individuals who will work with abusive and neglectful families clearly need training in the dynamics of abuse and neglect, including sexual abuse and related issues. While coursework training may be of value, it appears that training on the job, from supervisors, an interdisciplinary team, consultants and fellow workers is much more important. Workers in projects which lack this ongoing in-house training by many different individuals appear to have a more difficult time serving clients.

Is it possible to prevent the reoccurrence of abuse and neglect?

Most of the families whose cases have been closed by the demonstration projects to date have exhibited improvement in family functioning and propensity for future child abuse and neglect. However, only a small fraction of the cases served have completed treatment so far. A valid conclusion about the outcome for families of the services provided by the projects must thus await the completion of the demonstrations and the analysis of client data. Those few studies in the child abuse/neglect field which have conducted follow-up after treatment have shown, however, that a high proportion of families receiving treatment experience some reoccurrence or at least the need for subsequent intervention and support of family functioning.

For example, the University of Pannsylvania School of Social Work, in one of the largest follow-up studies, found that of all cases previously served in the early 1960's for abuse and neglect by the Philadelphia Society to Protect Children, close to 60% returned again for service within five years after termination of the agency's service, and many returned three, four or even more times. Neglect, in particular, was judged a chronic condition. These earlier studies often focused on more difficult and disadvantaged families than are currently being identified and treated in community service systems, but it seems clear that we can never expect a 100% success rate and perhaps not even a high long-term success rate for some kinds of families.

We and the demonstration projects maintain a belief, however, that a significant amount of reincidence can be avoided for many families, and particularly those experiencing abuse. We do not yet have sufficient data collected to test this, nor has OCD currently provided for post-treatment follow-up on the clients served in the demonstration projects we are evaluating. There are OCD plans for a short-term follow-up study of families in other demonstrations. Generally, however, there is a critical need for some long term (5-10 year) follow-up study to know better if treatment services do help curb abusive and neglectful behavior by parents.

Can services be effective in helping the child recover from the effects of abuse and neglect?

Our studies have shown that abused and neglected children improve substantially in certain developmental areas, particularly motor skills and socialization behaviors, during the time they are in specialized day care or therapeutic day care programs. In general, the children studied were those whose parents were receiving services from the same program. We do not know if the psychological and emotional scars of the abuse or neglect are lessened as a result of treatment. Since there is a much higher rate of child abuse/neglect among parents who were themselves abused or neglected as children, the successful treatment of emotional scars is critical in any long-term prevention strategy. Once again, the field greatly needs a long-term (in the case of children, 20-25 years) follow-up study to determine both the long term impacts of abuse and neglect as well as the long term effects of treatment.

Based on the projects' experiences, where should child abuse and neglect programs be housed?

It is very clear that protective services is the most appropriate agency to be the focal point of child abuse and neglect systems to receive and investigate reports and to provide ongoing case management and some treatment. However, child abuse and neglect treatment should not be restricted to protective service departments, and in fact, protective services should work closely with many other agencies in the community, not only in investigations, but in delivering treatment services. It is important that protective service agencies keep individual workers' caseloads small so that clients actually get services and do not simply remain names in case records. Protective service agencies should also, where possible, place the treatment program outside the edifices of the parent agency, in other words create an atmosphere for a program which is informal and non-stigmatizing, in essence where desks and chairs and replaced by sofas. This seems to be very important in helping clients be more receptive to services. Finally, to strengthen the local community system, particularly the protective services department, it appears important for state protective service agencies to take an active role in child abuse and neglect matters, primarily by establishing formal linkages with other agencies within the Human Resources area at the state level.

Do we need more demonstration projects and more related research?

While many things will be learned from the current sets of demonstrations, we believe that there will be great value in continuing to fund child abuse and neglect demonstration projects for at least three more years. The current sets of projects are not testing out all the possible interesting strategies for working on abuse and neglect problems. Within the set of demonstrations, *there are few efforts to work directly with the abused or neglected child and few preventive efforts* outside of working with identified cases. In addition, few of the projects are focusing on any particular type of client but rather are serving mixes such as potential and actual cases of widely varying severity, which greatly diffuses their efforts, and few of the projects are doing any systematic follow-up on the cases they are serving. Should NCCAN continue to fund demonstration program efforts, we would hope to see more projects working in these areas.

Of utmost importance is the continuation of research and evaluation of demonstration projects. The projects themselves, because of the pressures of their work, have not been successful at doing their own research and evaluation; this needs to be done by an outside group. Unless this is done, the experiences and lessons learned by the projects will go unrecorded and we will find ourselves repeating the mistakes of other social programs. Many millions of dollars will be spent on demonstrations producing little learned wisdom that is shared widely. Research and evaluation of demonstrations must go beyond descriptive, or what some refer to as formative, studies. The payoff of a demonstration program is in understanding the outcomes or impacts of alternative strategies -- as well as the costs -- so that program and policy makers can make choices between alternatives. Thus, "summative" or outcome evaluations must be included as part of a demonstration strategy.

Do we need a categorical program for child abuse and neglect?

Because child abuse and neglect are symptoms of so many other problems handled by ongoing family and child-related social service and health programs, we believe that in the long run there will be no need for, and in fact there should not be, a special categorical program for child abuse and neglect. However, there is still a great deal to learn about child abuse and neglect before the problem can be prevented or families with these problems can effectively be served by social service and health programs in general. We feel very strongly that specific child abuse and neglect programs must be continued for the next several years with an eye to eventually merging them with other social service and health programs.

We hope that these preliminary findings and observations will be of value to you and your committee as you deliberate the merits of renewing the child abuse and neglect legislation and determine what changes, if any, should be made in that legislation. Should you have any additional questions to ask about our findings, we would be pleased to respond.

Anne Harris Cohn, DPH, Project Director
Frederick C. Collignon, Ph.D., Principal
  Investigator
National Child Abuse and Neglect
  Evaluation

AHC/FCC:dg
Enclosures: Case Studies
            Handbook
            Summary of Findings, November 1976

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March 3, 1977

The Honorable John Bragemas
House Select Committee on Education
1236 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Bragemas:

This letter concerns Public Law 93-247, 93rd Congress, S. 1191, January 31, 1974 which your committee will be reviewing.

I speak in favor of maintaining monies for Parents Anonymous at the regional and national office level. A national office is important in terms of preparing literature and making it available, providing training and assistance for regional parent coordinators, and being a clearing house for information. Regional offices are needed to assist with on-site visits and public awareness for chapter development. The regional office also is helpful in providing training for local leaders and volunteers, so that parents and children can be helped to lead a full human life.

I have been impressed with the Behavioral Associates evaluation report of P.A. We in North Dakota have just begun to develop P.A. chapters this past 6 months, so we are just beginning to see P.A. chapters grow. We had the benefit of P.A. parents from Denver coming to assist in chapter development. We appreciated their presence, and their follow-up visit which is due this summer or fall - if money is available.

I feel it is time that we really concentrated on helping parents and children to stop abuse problems, so that we can have healthy children who will become non-abusing parents. Children are our most precious resource. Let's help them not hurt so much and let them grow and develop normally.

I appreciate your attention to this matter and thank you on behalf of the parents and children who will benefit from this program.

Sincerely,

Sister Marita Hoffart, R.N.
Patient Education Coordinator and
Member of Rocky Mt. Parents Anonymous
Regional Council

St. Matthew's Episcopal Church

1030 Second Avenue Fairbanks, Alaska 99701

The Rev. Donald P. Hart, Rector

March 10, 1977

Representative John Brademas, Chairman
House Subcommittee on Select Education
2178 Rayburn Building
Washington, D. C. 20515

Dear Mr. Brademas:

I have just received word from the Northwest Federation for Human Services of the second hearing on Public Law 93-247, the National Child Abuse Prevention and Treatment Act. This is of great interest to me because I serve on both a local Fairbanks child abuse task force and consultation team, and on a statewide organization concerned with the same subject. Child abuse continues to be a terribly serious problem in our national life, and I believe it deserves strong consideration from our national resources. Our understanding of child abuse, and particularly of its prevention, is at a critical point of development. This is not the time to be cutting back on the resources that we need so desperately, particularly on the local level.

For those of us who struggle with this problem at its most crucial level, where it is being acted out in human lives, the need for training, for greater public awareness, for all sorts of resources, is growing tremendously. We are just beginning to have tools, and a grasp on the whole area of prevention. For this, we need all of the help we can possibly get.

From an Alaskan perspective, the seriousness of child abuse has been highlighted by our experience in the past two years of the building of the trans-Alaska pipeline. Its impact upon the social life of this community, upon the family life, has been enormous, and in many cases, has been the source of life-threatening stress. Children are the first to suffer. We suspect that our experience under this kind of impact is not unique, and that other areas live through the same kind of problem. If that is in any way true, then the need for strong legislation in prevention and treatment, for good organization, locally, regionally, and nationally, the need for adequate funding, is of tremendous importance, and I hope very much that you can work for this end.

Sincerely yours,

Donald P Hart

Donald P. Hart
Rector

DPH:cre
cc: file

813 Crocus Drive
Rockville, MD 20850

March 21, 1977

Rep. John Brademas, Chairman
House Select Subcommittee on Education
2178 RHOB
Washington, D.C. 20515

Dear Congressman Brademas:

I note that your subcommittee is now considering the future of the National Center on Child Abuse and Neglect (NCCAN) and continued funding for child abuse and neglect prevention and remediation programs.

As a person who has been active in the field for the last five years, I support continued operation of NCCAN for the next five years, and I urge you to increase the monies now proposed to fund child abuse and neglect programs.

While NCCAN has suffered the inevitable growing pains all new agencies experience, on the whole its performance has been creditable. Surely without the interest and support of the Federal government, child abuse and neglect would not yet be recognized for the major social problem it is. Few, if any, of the programs now in operation would exist; little or no training of professionals would have occurred; articles on the subject would still be relegated to obscure scientific journals.

So the gains have been positive ones. But the job is far from over. We need to do so much more -- so much that is currently possible only because of Federal support.

We need, for example, to pay far greater attention to the school-age children who make up two-thirds of the population of those abused.

We must complete the National Incidence Study. Most of our present plans are based on outdated or incomplete data. We need accurate statistics of the true incidence, not a compilation of reported cases.

We need to find ways to increase the schools' involvement in the problem. That segment of the community has largely been overlooked in present planning.

We need to encourage the introduction of course content on identification and reporting of child abuse and neglect in university and in-service preparation programs.

I urge you to continue NCCAN for a five year period. Anything less is inefficient. The notion of a one-year continuance is ludicrous: half that period would be spent preparing for the next set of Congressional hearings.

Further, I urge you to increase the proposed $20 million appropriation. If we divide that money among the one million children reported as abused or neglected in 1975, we're spending only $20.00 per child. That's not very much to save a life,a family, a hope.

I respectfullly request that this letter be made part of the official Subcommittee testimony on the extension of PL 93-247.

Sincerely yours,

Diane D. Broadhurst

Diane D. Broadhurst
Consultant

California Western Law Review

Volume 13 1976-77 Number 1

INDEPENDENT REPRESENTATION FOR THE ABUSED AND NEGLECTED CHILD: THE GUARDIAN AD LITEM

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Reprinted from
CALIFORNIA WESTERN LAW REVIEW
Volume 13, 1976-77, Number 1
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Independent Representation for the Abused and Neglected Child: The Guardian Ad Litem

Brian G. Fraser*

Grow old along with me
The best is yet to be.
Robert Browning, *Rabbi Ben Ezra*

On January 31, 1974, the President of the United States signed into law the Child Abuse Prevention and Treatment Act.[1] The Act allocated $85,000,000 of federal funds for the identification, prevention and treatment of child abuse and neglect.[2] Of the sums allocated by this Act, not less than five per cent and not more than twenty per cent of the total were specifically earmarked for state use.[3] Before any state is eligible to receive federal funds, however, there are ten conditions that must be met.[4] One such condition is a provision for the mandatory appointment of a guardian ad litem to represent an abused or neglected child's interests in any case of child abuse that results in a judicial proceeding.[5] Neither the Act nor the rules and regulations drafted by Health, Education and Welfare personnel to implement it differentiate between a criminal court proceeding and a juvenile court proceeding.[6]

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[1] 42 U.S.C. §§ 5101-06 (1974).

[2] *Id.* § 5104. This sum was allocated over a period of four years. $15,000,000 for the fiscal year ending June 30, 1974, $20,000,000 for the 1975 year, and $25,000,000 for the 1976 and 1977 fiscal years.

[3] *Id.* § 5103(b)(1) (1974). The allocation to each state is calculated on the basis of $20,000 to each state plus an additional sum based upon the number of children under 18 years of age within the state to the total number of children under 18 in the country. *See also* HEW Reg. § 1340.3-7, 39 Fed. Reg. 43941 (1974).

[4] 42 U.S.C. § 5103(b)(2) (1974); HEW Reg. § 1340.3-3, 39 Fed. Reg. 43939 (1974).

[5] 42 U.S.C. § 5103(b)(2)(G) (1974); HEW Reg. § 1340.3-3, 39 Fed. Reg. 43940 (1974).

[6] HEW Reg. § 1340.3-(3)(d)(7), 39 Fed. Reg. 43940 (1974):

> The state must provide that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem shall be appointed to represent the child in such proceedings.

Id. (emphasis added).

The concept of a guardian ad litem to represent a child's independent interests is not a recent innovation. The *mandatory* utilization of a guardian ad litem to represent a child's interests in cases of child abuse or neglect, however, is a recent innovation.[7] This Article will discuss several aspects of the problem of child abuse today while focusing on the need for independent representation for the abused or neglected child. The historical development of this problem will be briefly presented in order to support this author's contention that independent representation is the only real solution to adequately protecting the abused or neglected child's interests. The main thrust of this Article is that a guardian ad litem is the most effective form of independent representation. The basic concept of a guardian ad litem, his role and duties in representing an abused or neglected child are the key to understanding and providing truly *effective* independent representation in child abuse cases.

I. Child Abuse in the United States

A. Social Awareness, Reporting and Treatment

Child abuse is not a phenomenon of the twentieth century.[8] Children have been physically traumatized, neglected, deprived, sexually molested, and murdered by adults from the dawn of man's earliest recorded history.[9] What *is* new is that the phenomenon has been formally identified and its more complex forms of pathology explored. Records of the incidence of child abuse are now kept and tabulated and, to a certain extent, child abuse has been sensationalized.

American society has functioned for the past two hundred years under the belief that any person who is biologically capable of becoming a parent can become a good parent,[10] that parents want and will act in their child's best interests,[11] and that the child's interests and those of his parents are the same.[12] History has taught us otherwise. It is estimated that 665,000 to 1,675,000 children are physically abused, sexually molested or seriously neglected by their parents each year.[13] Nationally, it is estimated that 2,000 to 5,000 children die each year as a direct result of child abuse.[14] In 1972 alone, over 140,000 cases of neglect were filed in various courts.[15]

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[7] *See* Colo. Rev. Stat. Ann. § 22-10-8 (1963). Colorado was the first state to require the appointment of a guardian ad litem in child abuse cases. The original statute has now been revised in Colo. Rev. Stat. Ann. § 19-10-133 (Cum. Supp. 1975).

[8] There has been a considerable amount of material written on the child abuse problem. *See, e.g.,* Child Abuse and Neglect: The Community and the Family (C. Kempe & R. Helfer eds. 1976); The Battered Child (C. Kempe & R. Helfer eds. 1974); Helping the Battered Child and His Family (C. Kempe & R. Helter eds. 1972).

[9] *See* Radbill, *A History of Child Abuse and Infanticide,* in The Battered Child 3-4 (C. Kempe & R. Helfer eds. 1974).

[10] *See* J. Goldstein, A. Freud, & A. Solnit, Beyond the Best Interests of the Child 16-17 (1973).

[11] Perhaps the real issue is not whether parents will act in their child's best interest, but rather the standard of care to which a child is entitled. One school of thought argues that the child is entitled to that standard of care that

It was not until 1962 that child abuse was formally identified as an observable, clinical condition and recognized as a serious wide-spread threat to children's lives.[16] Originally coined "the "the battered child syndrome," child abuse was defined to be a "serious, non-accidental physical injury to a child."[17] Employing this definition, individual states began in 1964 to enact mandatory child abuse reporting statutes.[18] The avowed purpose of these initial statutes was simplistically misleading. It was argued that by requiring certain groups of persons to report suspected cases of child abuse, children who were in danger could be quickly identified, investigation of the incident could be quickly completed, appro-

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a reasonably prudent parent would provide. *See generally* Gil, *The Legal Nature of Neglect*, 6 NAT. PAROLE & PROBATION ASS'N J. 1 (1960). Others have argued, probably more realistically, that a child is only entitled to that standard of care that is accepted as a minimum by the community. *See* Paulsen, *The Delinquency, Neglect and Dependency Jurisdiction of the Juvenile Court*, in JUSTICE FOR THE CHILD 15-16 (M. ROSENHEIM ed. 1962).

For a more complete discussion of the problems of standards see Fraser, *The Parent and the Child: A Delicate Balance of Power?*, in CHILD ABUSE AND NEGLECT: THE COMMUNITY AND THE FAMILY (C. KEMPE & R. HELFER eds. 1976).

[12] One does not have to work long in the juvenile court to learn in countless circumstances the juvenile's rights and interests are often in sharp variance with his parents'. *In re* Clark, 21 Ohio Op. 2d 86, 87, 185 N.E.2d 128, 130 (Ct. Common Pleas 1962). *See also* Worsfold, *A Philosophical Justification for Children's Rights*, 44 HARV. EDUC. REV. 142, 143 (1974).

[13] Light, *Abused and Neglected Children in America: A Study of Alternative Policies*, 43 HARV. EDUC. REV. 556, 567 (1975).

[14] Kempe, *Approaches to Preventing Child Abuse*, 130 AM. J. DIS. CHILD 941, 945 (1976).

[15] *See* note 25 *infra*, at 887.

[16] Skeletal trauma, inflicted upon children, was noted by Dr. Frederic N. Silverman and Dr. John Caffey in the 1950's. *See* Silverman, *The Roentgen Manifestations of Unrecognized Skeletal Trauma in Infants*, 69 AM. J. ROENTGENOLOGY 413 (1953); Caffey, *Some Traumatic Lesions in Growing Bones Other Than Fractures and Dislocations: Clinical and Radiological Features*, 30 BRIT. J. RADIOLOGY 225 (1957). It was Dr. C. Henry Kempe, however, who coined the phrase "the battered child syndrome" and brought it national recognition. *See* Kempe, Silverman, Steele, Droegemueller & Silver, *The Battered-Child Syndrome*, 181 J.A.M.A. 17 (1962).

[17] *See* Sussman, *Reporting Child Abuse: A Review of the Literature*, 8 FAMILY L.Q. 245, 252-53 (1974).

[18] The first non-mandatory reporting statute was enacted in the California Penal Code, Section 11161.5, in 1963. Mandatory reporting statutes were first proposed and published by the Children's Bureau of the office of Health, Education and Welfare. U.S. DEPT. OF HEALTH EDUCATION & WELFARE, CHILDREN'S BUREAU, THE ABUSED CHILD—PRINCIPLES & SUGGESTED LANGUAGE FOR LEGISLATION ON REPORTING OF THE PHYSICALLY ABUSED CHILD (1963).

priate treatment could be offered, and, if necessary, the courts could be asked to intervene.

Unfortunately, the success of this procedure rested upon three assumptions: (1) Persons who were mandated to report knew and acknowledged that child abuse exists, and could identify its symptoms; (2) persons who did identify suspected cases of child abuse would be willing to report them; and (3) once a case was reported and identified as child abuse, treatment would be available. In varying degrees all three assumptions proved to be erroneous.[19] Nevertheless, by 1974 all fifty states, the District of Columbia, Puerto Rico and the Virgin Islands had adopted some form of mandatory reporting statute.[20]

In the decade that passed between the identification of the battered child syndrome and the universal adoption of mandatory reporting, society's knowledge of the complex problem grew.[21] As public awareness grew, the definition of child abuse expanded also. What was originally defined as a serious, non-accidental physical injury became enlarged in scope until, in some jurisdictions, child abuse became synonymous with any harm to a child that resulted from a parent's nonfeasance, misfeasance, or malfeasance.[22] Today, although every state defines child abuse differently,[23] all definitions include at least one or more of these four elements:

(1) Non-accidental physical injury;[24]
(2) neglect;[25]

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[19] In short, persons who were mandated to report often did not know that they were so obligated and furthermore, were not aware of child abuse. Many of the persons who were able to identify the symptoms and knew of their obligation to report, refused to do so even though a number of states included a criminal provision for a failure to report. Finally, effective treatment was not available in most communities.

[20] *See* Fraser, *A Pragmatic Alternative to Current Legislative Approaches to Child Abuse*, 12 AM. CRIM. L. REV. 103, 104 n.4 (1974).

[21] For an interesting look at how the concept grew and what form it took see A. SUSSMAN & S. COHEN, REPORTING CHILD ABUSE AND NEGLECT (1974); Sussman, *Child Abuse Reporting: A Review of the Literature*, 8 FAMILY L.Q. 245 (1974).

[22] In some states a child will be found "neglected" even in the absence of demonstrable harm. Colorado has defined a neglected child to be one "whose environment is injurious to his welfare." COLO. REV. STAT. ANN. § 19-1-103(2)(c) (Supp. 1974). A similar Oregon statute was held to be not void for vagueness in *State v. McMaster*, 259 Ore. 291, 486 P.2d 567 (Ore. 1971).

See also Wald, *State Intervention on Behalf of Neglected Children*, 27 STAN. L. REV. 985, 1000-01 (1975).

[23] *See generally* Fraser, *Towards A More Practical Central Registry*, 51 DENVER L.J. 509-10 (1974).

[24] *See* Schmitt & Kempe, *Pediatrician's Role in Child Abuse and Neglect*, 5 CURRENT PROBLEMS IN PEDIATRICS 1, 3 (Mar. 1975).

[25] *See generally* Areen, *Intervention Between Parent and Child: A Reap-*

(3) sexual molestation;[26] and
(4) mental injury.[27]

The expanded definition and increased social awareness of child abuse have resulted in proportionately more reports.[28] These factors have also led to a more complex and sophisticated social superstructure to deal with the problem.[29] These changes have not, however, brought about a greater protection of the abused or neglected child's independent interests.

Child abuse is not a black problem, a brown problem or a white problem. Child abusers are found in the ranks of the unemployed, the blue-collar worker, the white-collar worker and the professional. They are Protestant, Catholic, Jewish, Baptist and atheist.[30] If there is any one indigenous element that seems to be characteristic of all abusing parents, it is that they themselves were abused, neglected or deprived as children.[31] To a certain extent, abusive behavior is learned or conditioned behavior;[32] an abused child learns to be abusive, grows into adulthood, becomes a parent and abuses his own children. These children, and succeeding generations in turn, follow this self-perpetuating behavior pattern. In a very real sense, all persons who are touched by child abuse—whether they be child or parent—are its victims.

Criminal prosecution of the abusing adult may satiate society's need for retribution, but it neither cures the growing problem nor even addresses the issue of providing for the child's independent interests. What is desperately needed is treatment—treatment for the parents, for the child and for the family. The simple act of identification via the mandatory reporting statute, alone, is use-

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praisal of the State's Role in Child Neglect and Abuse Cases, 63 Geo. L.J. 887, 920-30 (1975); Wald, *supra* note 22.

[26] *See* Sgroi, *Sexual Molestation of Children: The Last Frontier in Child Abuse*, 4 Children Today 18 (May-June 1975); Schultz, *The Child Sex Victim: Social, Psychological and Legal Perspectives*, 52 Child Welfare 147 (1973); *see generally* V. De Francis, Protecting the Child Victim of Sex Crimes Committed by Adults (1969).

[27] *See Emotional Neglect in Connecticut*, 5 Conn. L. Rev. 100 (1969).

[28] For example, from 1971 to 1973, when the state of Florida broadened its definition of child abuse, instituted a statewide advertising campaign, and initiated a statewide child abuse hotline, the number of reported cases rose from 250 to 28,000. Fraser, *The Tragedy of Child Abuse: "Momma Used to Whip Her . . . ,"* 8-9 Compact 10 (1974).

[29] *See, e.g.*, N.Y. Soc. Ser. Law §§ 422-23 (McKinney 1976).

[30] *See* Gil, *Incidence of Child Abuse and Demographic Characteristics of Persons Involved*, in The Battered Child 19-39 (C. Kempe & R. Helfer eds. 1968); Steele & Pollock, *A Psychiatric Study of Parents Who Abuse Infants and Small Children*, in The Battered Child 89, 92-94 (C. Kempe & R. Helfer eds. 1974).

[31] *See* Steele & Pollock, *supra* note 30, at 97-98.

[32] Fraser, *supra* note 20, at 120; *see also* Grumet, *The Plaintive Plaintiffs: Victims of the Battered Child Syndrome*, 4 Family L.Q. 296, 307 (1970).

less in this regard. Unless identification is coupled with intervention and treatment, the process itself becomes an exercise in futility.[33]

Historically, child abuse proceedings and treatment have been directed to the child's parents. The assumption has been that by offering treatment to the parents, benefits would filter down to the abused child. This assumption is erroneous. Children have their own interests and their own needs that exist quite independently of the needs and interests of their parents.[34] One of the legal vehicles available to insure that a child's needs and interests are addressed is the concept of independent representation for the abused and neglected child: The guardian ad litem.[35]

In 1967, in its now famous decision of *In re Gault*,[36] the United States Supreme Court ruled that a child is entitled to certain constitutionally-guaranteed safeguards when its liberty is endangered. One of the rights enumerated is the right to independent representation by counsel.[37] Perhaps it is now incumbent upon Americans to question the rationale that provides a child with independent representation in cases in which his liberty is endangered but does not provide such representation when his health and life are endangered.

Fortunately, the federal government has provided impetus to a nationwide, mandatory adoption of the guardian ad litem for abused children. Under the Child Abuse Prevention and Treatment Act, if a state is to receive federal funds, it must provide a vehicle for reporting suspected cases of child abuse.[38] The state must define child abuse to encompass non-accidental physical injury, neglect, sexual molestation and mental injury.[39] Furthermore, the physically abused child, the neglected child, the sexually-molested child, and the mentally injured child must be provided with its own spokesman if the case results in a judicial proceeding.[40]

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[33] *See generally* CHILD ABUSE AND NEGLECT: THE COMMUNITY AND THE FAMILY (C. KEMPE & R. HELFER eds. 1976).

[34] H. MARTIN, CHILD ABUSE: A DEVELOPMENTAL APPROACH (1976); *see* Martin, Beezley, Conway, & Kempe, *The Development of Abused Children*, 21 ADVANCES IN PEDIATRICS 25-34, 43, 66 (1974).

[35] The literal translation of guardian ad litem is a guardian appointed by the court. BLACK'S LAW DICTIONARY 834 (4th ed. 1951).

[36] *In re* Gault, 387 U.S. 1 (1967).

[37] *Id.* at 41.

[38] It is deemed sufficient if a state has a law or administrative procedures which require the reporting of child abuse. 42 U.S.C. § 5103(2) (1976).

[39] 42 U.S.C. § 5102 (1976).

> For purposes of this chapter the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which would indicate that the child's health or welfare is harmed or threatened thereby, ...

For the purposes of brevity, when the term "child abuse" is used in this article, it means a non-accidental physical injury, neglect, sexual molestation, or mental injury, or a combination thereof.

B. *Analysis of a Child Abuse Case*[41]

A typical child abuse case can be seen as consisting of three chronological steps. The first is identification of a suspected case of child abuse. Once a case of suspected abuse has been identified, state law requires that it be investigated.[42] If the investigation has been conducted thoroughly, it should be possible to develop a diagnosis,[43] a prognosis,[44] and, if the facts warrant initiation of the third step, a treatment plan which might include judicial intervention.

1. *Identification*.—The primary vehicle for identification is the mandatory reporting statute.[45] Although every state's reporting statute differs with respect to what abuse is, who must report, and what must happen once a report is received, all statutes have one common purpose: To identify the child in peril as quickly as possible.[46] Some states, in an effort to identify those children in peril at the earliest possible time, require reporting not only of suspected cases of actual child abuse, but also of circumstances and conditions which might reasonably result in abuse.[47]

No state requires an observer to do more than report; the only requirement is that the person notify the authorities when he has reasonable cause to believe or suspect that a child has been abused. The actual diagnosis and investigation of child abuse is a function of the state agency designed to receive and investigate reports of suspected child abuse.

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[40] *See* note 5 *supra*.

[41] For a complete discussion of the identification, investigation and intervention of a child abuse case in a particular state see Fraser, *Colorado: Child Abuse and the Child Protection Act* (1976) (unpublished material at the National Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, University of Colorado, Denver).

[42] *See* Brown, Fox & Hubbard, *Medical and Legal Aspects of the Battered Child Syndrome*, 50 Chi.-Kent L. Rev. 45, 59-60 (1973).

[43] For the purposes of this article "diagnosis" means an evaluation of the facts to determine whether or not the child's injuries or the parent's behavior can be classified as child abuse under state law. *See also id.* at 45-49.

[44] For the purpose of this article "prognosis" means an evaluation of the facts to determine the possibility of effective treatment for the child abuser.

[45] *See* Fraser note 20 *supra* at 105.

[46] *Id.* at n.4.

[47] Colo. Rev. Stat. Ann. § 19-10-104 (1974), *as amended*, (Cum. Supp. 1975); Conn. Gen. Stat. Ann. § 17-38a(b) (1975); Idaho Code § 16-1641 (Cum. Supp. 1975).

2. *Investigation.*—Every state has designated at least one statewide agency to receive and investigate reports of child abuse.[48] In the majority of states, that agency is the department of social services. For a state to be eligible for federal funds, the agency designated to receive reports must also provide a prompt investigation.[49] The usual procedure, once a report has been received, is to complete the intake process[50] and, if appropriate, assign the case to an agency worker for investigation. State requirements for the investigation of child abuse range from the minimal[51] to the very extensive.[52] In most jurisdictions, regardless of the statutory requirements, investigations are done poorly.[53]

If the child abuse investigation has been conducted properly, however, investigatory data can be completely analyzed to determine the proper diagnosis and prognosis and the possible need for intervention. Child abuse is not a problem that "belongs to" any one agency or any one discipline. It cannot be classified solely as a medical problem, a psychological problem, a legal problem or a social problem. A child abuse case may involve many diverse disciplines. Thus, it is simplistic to suggest that a single social worker has sufficient expertise to draw all the proper conclusions.[54] A number of jurisdictions around the country have tacitly acknowledged that child abuse is complex and should be resolved by using all available expertise within a community. These jurisdictions have created multi-disciplinary child protection teams.[55] There is little doubt that the social worker, physician, psychiatrist, and lawyer—working together—can make a greater contribution to investigation and treatment of a child abuse case.

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[48] Unfortunately a number of states have designated more than one agency to receive reports and investigate. The result is a confusion of roles and a loss of effectiveness. *See* D. BESHAROV, JUVENILE JUSTICE ADVOCACY: PRACTICE IN A UNIQUE COURT 131 (Practicing Law Institute 1974).

[49] While the federal code does require a prompt investigation, "prompt" is not defined. 42 U.S.C. § 5103(2)(C) (1976).

[50] The intake process is a screening procedure at which the receiving agency determines if there is enough data to proceed with the case, if that agency is the appropriate agency (if not it will be transferred to the appropriate agency), and which cases need immediate action and which can be deferred. *See generally* V. DEFRANCIS, THE FUNDAMENTALS OF CHILD PROTECTION: A STATEMENT OF THE BASIC CONCEPTS AND PRINCIPLES 15 (1955).

[51] IDAHO CODE § 16-1628 (Cum. Supp. 1975).

[52] N.Y. SOC. SER. LAW § 422 (McKinney 1976).

[53] Child abuse investigations are done poorly because the caseworkers have no training in child abuse and the case loads are so large time does not permit a complete investigation. M. MIDONICK, CHILDREN, PARENTS AND THE COURTS: JUVENILE DELINQUENCY, UNGOVERNABILITY AND NEGLECT 66-67 (Practicing Law Institute 1972).

[54] *See* Fraser, note 41 *supra*; Paulson, *Juvenile Courts, Family Courts, and the Poor Man*, 54 CALIF. L. REV. 694, 711 (1966).

[55] VA. CODE § 63.1-248.6(E) (Cum. Supp. 1976); *see* COLO. REV. STAT. ANN. § 19-10-109(6) (Cum. Supp. 1975).

The actual format and implementation of child protection teams vary from state to state. In some states they operate in individual hospitals and are used primarily to determine whether child abuse is present. In other states they operate as an integral part of the department of social services. In still other states these teams are given statutory authority to review and act independently upon all reports of suspected child abuse. Regardless of their statutory authorization and placement within the social superstructure, the team's collective expertise can provide valuable guidance to the investigator, the caseworker, the judge and the guardian ad litem.

3. Intervention.—A proper evaluation of the investigatory data should resolve three questions:

> (1) Do the injuries to this child, or the parents' behavior fall within the statutory definition of child abuse?[56]
>
> (2) What are the parents' needs, the child's needs, and what can be offered within the community to meet those needs?
>
> (3) What are the possibilities of effective treatment in this case?[57]

Answers to the second and third questions often lead to the conclusion that state intervention is warranted.

Intervention in the child abuse case can take three forms. Services and treatment can be offered to the parents and child on a voluntary basis, the case can be filed in the criminal court,[58] or the case can be filed in the juvenile court or the district court with juvenile jurisdiction.[59]

The abused child needs and is entitled to some form of independent advocacy at each of the three stages of identification, investigation and intervention.[60] This Article focuses upon only one form of advocacy—the guardian ad litem. The concept of employing a guardian ad litem to represent a child's interests at the point of state intervention is the most widely accepted and most structured form of advocacy in use in cases of child abuse.[61] Unfortunately, it is also the most widely misconstrued.

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[56] Actually, the proper evaluation should determine whether or not the child is in danger. It is conceivable that the child does exhibit some demonstrable harm, but for a number of reasons the injury or the danger does *not* fall within the purview of the legal definition of child abuse. Intervention should be predicated on need, not upon whether something falls within a legal definition.

[57] U.S. Dept. of Health, Education and Welfare, The Diagnostic Process and Treatment of Child Abuse and Neglect (OCD Publication No. 75-69, 1975).

[58] A number of states have enacted statutes which make ill treatment, cruelty, or abuse a crime. *See* Fraser, *supra* note 20, at n.4. Regardless of whether or not there is a specific statute which makes child abuse a crime, any physical injury inflicted upon a child could be classified as an assault under state law.

[59] *See, e.g.*, Colo. Rev. Stat. Ann. § 19-10-113 (Cum. Supp. 1975); Ill. Ann. Stat. ch. 23, § 2055 (Cum. Supp. 1975).

[60] *See generally Fraser, Advocacy for the Child*, in The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment (H. Martin ed. 1976).

II. THE CONCEPT OF A GUARDIAN AD LITEM FOR THE ABUSED CHILD

A. Historical Role of the Guardian Ad Litem

It has been almost universally accepted that young children lacking in experience, education and knowledge should not be required to make decisions which might adversely affect their lives or the lives of others.[62] In simple terms, the status of infancy[63] (at common law, anyone under the age of 21)[64] is a status free of the liabilities and responsibilities of adulthood. This lack of responsibility and liability, it is argued, encourages the freedom necessary to develop the knowledge that will eventually enable the child to function adequately in society as an adult.

At common law, the parents' control over their child was virtually limitless. Generically, parents' rights were viewed as the rights of care, custody and control.[65] The parent could physically discipline his child; he could instill religious and political beliefs;

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[61] *See* Wald, *supra* note 22.

[62] J. BENTHAM, THE THEORY OF LEGISLATION 248 (1840).

> The feebleness of infancy demands continual protection. Everything must be done for an imperfect being, which as yet does nothing for itself. The complete development of its physical powers takes many years, that of its intellectual faculties is even slower. At a certain age, it already has the strength and the passion without experience enough to regulate them. Too sensitive to prevent impulses, too negligent of the future, such a being must be kept under an authority more immediate than that of the law.

[63] Infancy, as it may be used in legal relationships, does not necessarily imply any definite age limit, and may be synonymous with "minor" especially with reference to contracts by infants. State v. Flath, 59 N.D. 121, 124, 228 N.W. 847, 848 (1930). In a statutory sense, a person is an infant until he arrives at maturity as fixed by law. Audsley v. Hale, 303 Mo. 451, 470, 261 S.W. 117, 123 (1924).

[64] James, *The Age of Majority*, 4 AM. J. LEGAL HIST. 22 (1966); *but see* Katz, Schroder & Sidman, *Emancipating Our Children*, 7 FAMILY L.Q. 211, 232-40 (1973).

> Technical terms such as "child, minor, infant" apply to all persons under the age of 21 years. The specific age of 21 would seem to be purely arbitrary and a carry over from feudal times. The choice of 21 years probably evolved as the feudal system of judicial combat and knight service evolved. The age of knighthood increased from 15 years to the completion of 20 years as warfare became more complex, as combat skills became more sophisticated and as armor grew heavier.

Id.

[65] American courts have gone so far as to characterize parental rights as rights which transcend property rights, (Denton v. James, 107 Kansas 729, 735, 193 P. 307, 310 (1920)); as sacred rights, (*In re* Hudson, 13 Wash. 2d 673, 677, 126 P.2d 765, 768 (1942)); as natural rights, (Anguis v. Superior Court, 6 Ariz. App. 68, 71, 429 P.2d 702, 705 (Ct. App. 1967)); and as a right which is given constitutional status, (Stanley v. Illinois, 405 U.S. 645 (1972)).

he could educate him as he saw fit; he was entitled to the child's earnings; and he could grant or withhold medical care.

The last fifty years have seen the slow erosion of this doctrine of parental absolutism.[66] Though it is still commonly agreed that the parent may exercise the rights of care, custody and control, these rights are no longer regarded as absolute.[67] Each state, under its police powers and the doctrine of parens patriae,[68] may restrain and regulate parental prerogatives when the parent grossly abuses these rights of care, custody and control.[69] Any regulation adopted by a state to govern parental conduct must serve a legitimate state interest and must not unduly restrict a fundamental right.[70]

What was formerly referred to as a doctrine of parental absolutism is now more realistically characterized as a presumptive parental right.[71] Accordingly, it might be said that every child is entitled to certain negative legal rights which arise after the presumption of parental rights has been rebutted.[72] In short, a child has the right of not being physically chastised to the point that it becomes abuse;[73] of not being denied the necessities of life to the point that it endangers life;[74] of not being denied the medical care necessary to preserve life;[75] and of not being totally denied some form of education to the point that it deters mental or intellectual growth.[76]

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[66] *See* Fraser, *supra* note 11.

[67] *See* Poe v. Gerstein, 417 U.S. 281 (1974); Wisconsin v. Yoder, 406 U.S. 205 (1972); Prince v. Massachusetts, 321 U.S. 158 (1944); Pierce v. Society of Sisters, 268 U.S. 510 (1924).

[68] The doctrine of parens patriae originated in England. Noted by the American courts specifically in 1839 in the case of *Ex Parte Crouse*, 4 Whart. 9 (Pa. 1839), it was specifically delineated in the case of *Finley v. Finley*, 240 N.Y. 429, 148 N.E. 624 (1925), and became firmly entrenched in the case of *Prince v. Massachusetts*, 321 U.S. 158 (1944). Although this doctrine was roundly criticized in the case of *In re Gault*, 387 U.S. 1 (1967), it was revived a year later by the Supreme Court in *Ginsberg v. New York*, 390 U.S. 629 (1968).

[69] *See* Ginsberg v. New York, 390 U.S. 629 (1968); Prince v. Massachusetts, 321 U.S. 158 (1944); State v. Bailey, 157 Ind. 324, 61 N.E. 730 (1901).

[70] West Virginia State Bd. of Educ. v. Barnette, 319 U.S. 624, 637 (1943). *See generally* Shapiro v. Thompson, 394 U.S. 618, 634 (1969).

[71] *See* Fraser, *supra* note 11. *See also* Kleinfield, *The Balance of Power Between Infants, Parents and the State*, 4 Family L.Q. 319, 409 (1970); 5 Family L.Q. 64, 66-68 (1971).

[72] The actual rebuttal of parental rights in the parent-child relationship takes place in the juvenile court, family court, or district court with juvenile jurisdiction when a petition alleging neglect, dependency or abuse is filed. *See* State v. Hunt, 2 Ariz. App. 6, 406 P.2d 208 (1965).

[73] *See* Note, 26 Baylor L. Rev. 678 (1974).

[74] *See* Wald, *supra* note 22, at 1000, 1013-14; Areen, *supra* note 25, at 892.

[75] *See* Fraser, *A Pediatric Bill of Rights*, 16 South Tex. L. Rev. 245, 264 (1975).

[76] *See* State v. Bailey, 157 Ind. 324, 61 N.E. 730, 732 (1901).

As is true in most cases, when certain duties are altered or certain responsibilities abrogated, related rights may be lost. One of the rights lost to a child as a result of his infancy is the right to seek out and retain an attorney and to pursue his own grievances in a court of law.[77] The usual rationale for abrogating the child's right to retain counsel is:

> (1) The lawyer-client relationship is a contractual one, and the child, because of his status of infancy, does not have the legal capacity to enter into a contract;
>
> (2) the child, because of his age, lacks the necessary expertise and judgment to determine what his grievances are, who wronged him, and who ought to represent him; and
>
> (3) if a child were entitled to retain his own attorney, he might sue his own parents, and this, in turn, would result in destruction of the family nucleus.

As a general rule, a child cannot seek out his own advocate, personally bring an action in his own behalf, or personally defend a suit which is brought against him. That a child cannot personally pursue his own grievances should not be construed to mean, however, that a child is not entitled to independent representation. He is.[78] The questions which govern enforcement of the right are twofold: Who determines when a child is entitled to and needs independent representation? Who will appoint the independent representative?

Historically, a guardian ad litem was appointed by the court to represent a child named as a defendant. Conversely, the court appointed a "next friend"[79] to represent the child as a plaintiff. Today, though the semantic classifications may remain, the only real difference between a guardian ad litem and a next friend is technical in nature.[80] The initiation of a suit by the guardian ad litem and the defense of a suit by the next friend is only regarded as an irregularity and will not render a judgment void.[81]

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[77] The limits of legal capacity of infants to assert legal rights in their own behalf were not established to defeat the enforcement of their rights. *See* Dellamano v. Francis, 308 Mass. 502, 503, 33 N.E.2d 327, 328 (1941). *Contra* Inker & Perretta, *A Child's Right to Counsel in Custody Cases*, 5 FAMILY L.Q. 108 (1971); Kay & Segal, *The Role of the Attorney in Juvenile Court Proceedings*, 61 GEO. L.J. 1401 (1973).

[78] *See* Ferster, Courtless & Snethen, *The Juvenile Justice System: In Search of the Role of Counsel*, 39 FORD. L. REV. 375, 391 (1971) *citing* THE UNIFORM JUVENILE COURT ACT § 26.

[79] Historically, a child was granted independent representation in matters concerning property. *See generally* F. POLLOCK, HISTORY OF ENGLISH LAW (1972).

[80] Till v. Hartford Accident & Indem. Co., 124 F.2d 405 (10th Cir. 1941); City Nat'l Bank and Trust v. Sewell, 300 Ill. App. 582, 583, 21 N.E.2d 810, 812 (1939); Ellison v. Ward, 294 Ill. App. 197, 13 N.E.2d 649, 651 (1938).

[81] *See* Wygal v. Myer, 76 Tex. 598, 601, 13 S.W. 567, 569 (1890).

It is important to note that the guardian ad litem historically assumed an adversarial role, defending against the allegations made by another party. That is not the guardian's role today in a case of child abuse. The child is neither the plaintiff nor the respondent. In most states the local department of social services is the plaintiff on behalf of the child, and the adult who inflicted the injury is the defendant. In cases of child abuse, the guardian ad litem represents the child's independent interests. Technically, his role is therefore not adversarial.[82]

Each state, through its police powers or the doctrine of parens patriae, is authorized to enact legislation which will protect children from neglect, ill treatment, cruelty and abuse.[83] If properly drafted it will not unduly restrict any fundamental right. Individual states have and should assert the unilateral legal authority to make provision for the independent representation of children's interests.

B. The Role of the Guardian Ad Litem in a Child Abuse Case

Once a report of suspected child abuse is received and an investigation completed, a petition may be filed in the juvenile court. A child who is the subject of a petition becomes, at least in respect to all issues before it, a ward of the court.[84] Expressed in slightly different terms, if the child is properly before the court, the court becomes the child's guardian.[85] As the child's guardian, it is incumbent upon the court to insure that the child's safety and interests are fully protected.[86] At any point after the filing of a petition, the court has the option of appointing a third party to help protect the child's interests. That third party may be a guardian ad litem.

Although the court may appoint a third party to promote and protect the child's interests, the court remains ultimately responsible for the protection of the child. The court may temporarily transfer some of its functions, but it cannot abrogate its responsibility. In simple terms, the court will remain the child's guardian, at least during the proceedings, and the appointed third party thus becomes an officer of the court.[87]

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[82] An adversary is one who contends with, resists, or opposes an opponent. Technically, the guardian ad litem in the case of child abuse is an *advocate*, or one who pleads the cause of another.

[83] *See* State *ex rel.* Slatton v. Bols, 147 W. Va. 674, 130 S.E.2d 192 (1963).

[84] *See* Kingsbury v. Buckner, 134 U.S. 650 (1890).

[85] State v. Ferris, 369 S.W.2d 244, 249 (Mo. 1963).

[86] *See* Sargster v. Toledo Mfg. Co., 193 Ga. 685, 19 S.E.2d 723 (1942). *See also* text accompanying notes 90-91 and 182 *infra*.

The appointment of a guardian ad litem by the court creates a special symbiotic relationship. The guardian ad litem is a "special guardian" temporarily appointed to protect the child's interests.[88] As a special guardian, the guardian ad litem is legally obligated to do everything within his power to insure a judgment that is in the child's best interests.[89] Conversely, it is the court's obligation to insure that the guardian ad litem actively protects and promotes the child's best interests.[90] If for some reason the guardian ad litem does not pursue and protect the child's interests, it becomes the duty of the court to intervene and to reassume those responsibilities.[91] Furthermore, if the child's interests are compromised as a result of the guardian ad litem's neglect, the guardian may be punished[92] and held responsible for any damages sustained by the child.[93] The court remains the child's *ultimate* legal guardian and must continuously monitor the third party's performance.[94]

As a special guardian, the guardian ad litem's duties are both temporary and limited in scope. He has no powers or duties prior to his appointment or after the case has terminated.[95] Conversely, the child does not have either the legal capacity to waive the appointment or the unilateral right to dismiss his guardian.[96] The guardian ad litem has no right to interfere with the child's person or property, nor the power to bind the infant or his estate.[97] He is not the child's *legal guardian*,[98] nor is he the child's *trustee*.[99]

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[87] Lovett v. Stone, 239 N.C. 206, 211, 79 S.E.2d 479, 483 (1954); Van Herwerzyn v. State, 200 Misc. 896, 897, 134 N.Y.S.2d 922, 923 (Ct. Cl. 1954); Garner v. I.E. Schilling Co., 128 Fla. 353, 360, 174 So. 837, 840 (1937).

[88] *In re* Quinn, 23 App. Div. 2d 548, 256 N.Y.S.2d 309 (1965); Cumbie v. Cumbie, 245 S.C. 107, 139 S.E.2d 477 (1964); *In re* Schriers Will, 157 Misc. 310, 283 N.Y.S. 233 (Sur. Ct. 1935); Crawford v. Amusement Syndicate Corp., 37 S.W.2d 581, 584 (Mo. 1931).

[89] Kingsbury v. Buckner, 134 U.S. 650 (1890); Teele v. Kerr, 261 N.C. 148, 134 S.E.2d 126 (1964). *See also In re* Will of Jaeger, 218 Wisc. 1, 259 N.W. 842 (1935).

[90] *In re* Will of Jaeger, 218 Wisc. 1, 10, 259 N.W. 842, 846 (1935).

[91] Lee v. Gucker, 16 Misc. 2d 346, 347, 186 N.Y.S.2d 700, 702 (Sup. Ct. 1959); State v. Davis, 226 Ind. 526, 530, 82 N.E.2d 82, 85 (1948); Johnson v. Turner, 319 Ill. App. 265, 286, 49 N.E.2d 297, 306 (1943); Bertinelli v. Galoni, 331 Pa. 73, 200 A. 58 (1938); Peters v. Allen, 296 S.W. 929, 932 (Tex. Civ. App. 1927); Howell v. Randle, 171 Ala. 451, 54 So. 563 (1911).

[92] *See* McIver v. Thompson, 117 S.C. 175, 108 S.E. 411 (1920); Andrews v. Hall, 15 Ala. 85, 90 (1848).

[93] *See In re* Will of Jaeger, 218 Wisc. 1, 11, 259 N.W. 842, 846 (1935).

[94] Alternatively, it may be said that the juvenile court is affirmatively obligated to appoint a guardian ad litem who can effectively promote and pursue the child's interests. *See* text and accompanying notes 90-91 *supra* and 182 *infra*.

[95] Blackwell v. Vance Trucking Co., 139 F. Supp. 103 (E.D. S.C. 1956).

[96] *In re* Dobson, 125 Vt. 165, 168, 212 A.2d 620, 623 (1965).

[97] *See* Morris v. Standard Oil Co., 192 Cal. 343, 219 P. 998 (1923).

There are no specific guidelines concerning when a guardian ad litem should be appointed.[100] It is generally agreed, however, that the appointment should be made when the child is first served notice of legal proceedings or at the point when a child's interests are first threatened.[101] Similarly, there are no specific standards which mark the end of the guardian ad litem's obligations to the child. Minimally, the guardian's responsibilities continue until the neglect-abuse proceedings terminate. However, if the final decision is adverse to the child's intersts,[102] the guardian ad litem has the option of taking an appeal.[103] Some courts have even suggested there is an *affirmative* obligation to appeal an adverse decision.[104]

There is no requirement that the person appointed by the court to act as the guardian ad litem be an attorney.[105] The argument is well made, however, that the appointee *should* be an attorney. As juvenile courts become more cognizant of children's rights,[106] and as courts in general become more structured and sensitive to due process safeguards, the lay person is at an increasing disadvantage. If the purpose of an appointment is to protect the child's interests, then it would seem axiomatic that such an appointment be made to one who understands the "system" and how it can be used most effectively for the child's interests.[107]

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[98] A *legal guardian* is a person who is lawfully invested with the power and charged with the duty of caring for that person's well being and managing his property. *See* Fleming v. Leibe, 95 N.J. Eq. 129, 122 A. 616 (1923).

[99] A *trustee* is a person who is appointed to administer and care for the property, for the benefit of another person. *See* Cartlett v. Hawthorne, 157 Va. 372, 161 S.E. 47 (1931).

[100] In cases of child abuse, however, the guardian ad litem must be appointed before and be present at any hearing for temporary custody, adjudication, or disposition.

[101] Trippe v. Trippe, 35 App. Div. 2d 944, 316 N.Y.S.2d 579 (1970); Blaton v. Davis, 107 Ark. 1, 154 S.W. 947 (1913).

[102] A decision which is adverse to a child's interests is a highly subjective issue. This is especially true at the dispositional hearing at which custody is awarded.

[103] *See* Flynn v. Flynn, 283 Ill. 206, 119 N.E. 304 (1918); Givens v. Clem, 107 Va. 435, 59 S.E. 413 (1907).

[104] *See, e.g.*, Tyson v. Tyson, 94 Wis. 225, 68 N.W. 1015 (1889).

[105] Maloney v. Dewey, 127 Ill. 395, 403, 19 N.E. 848, 849 (1889).

[106] "Given the complexities of modern courtroom procedure, it is clear that the presence of an attorney is the only means of assuring adequate representation of individual interests in the courtroom." Kaplan, *Appointment of Counsel for the Abused Child*, 58 CORNELL L. REV. 177, 179 n.12 (1972). A number of states that make provision for the appointment of a guardian ad litem in cases of child abuse require that such appointment be made to an attorney, see note 183 *infra*.

[107] If the court appoints a guardian ad litem who is not an attorney, the guardian ad litem may appoint his own attorney. Any attorney appointed by a guardian ad litem is limited to the powers that are inherent in the role of the guardian ad litem. Paskewie v. East St. Louis Suburban Ry., 281 Ill. 385, 117 N.E. 1035 (1917).

III. THE NEED FOR INDEPENDENT REPRESENTATION[108]

A. The Child's Special Interests

No one would argue that a child's safety and interests are not jeopardized in a case of child abuse,[109] but some question the need for independent representation. It is the hypothesis of this Article, in every case of child abuse which results in a juvenile court proceeding, that the child is entitled to and needs independent representation. For instance, it is true that the juvenile court is itself ultimately responsible for the child's interests once a petition alleging abuse is properly before it. But it is equally true that the allegations are nothing more than that until the case has been formally adjudicated. The juvenile court must hear both sides and render an equitable and judicious decision based upon the merits of the case. The juvenile court which actively promotes the child's interests thereby diminishes its ability to render an impartial decision. The court should, therefore, appoint a guardian ad litem and transfer its immediate functions to this third party.[110] However, this temporary transfer of functions is not synonymous with the transfer and abrogation of responsibilities.[111]

Similarly, in the majority of cases the abused child has been abused by his own parents.[112] Thus, an attorney retained by the parents to represent their interests as respondents or defendants obviously cannot simultaneously protect the child's interests. In fact, in these cases of child abuse the child's interests are often in direct conflict with his parents' interests.[113]

In most states, the petitioner in a case of child abuse is the local department of social services. The person who actually presents the petition and case to the court is the city or county attorney.[114]

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[108] *See generally* Kaplan, *Appointment of Counsel for the Abused Child*, 58 CORNELL L. REV. 177 (1972); Hohmann & Dwyer, *Guardians Ad Litem in Wisconsin*, 48 MARQ. L. REV. 445 (1965).

[109] It has been suggested that 50% of the children seen in the hospital under one year of age, suffering from severe neglect or battering, will die after being returned to their parents. V.J. FONTANA, SOMEWHERE A CHILD IS CRYING 109 (1973).

[110] *See* notes 174 and 176 *infra* for a list of states which require the appointment of a guardian ad litem in cases of child abuse.

[111] *See* notes 84-93 *supra* and accompanying text.

[112] "Thus, in 86.8 percent the perpetrator was a parent or a parent substitute with whom the child had been living." D. GIL, VIOLENCE AGAINST CHILDREN: PHYSICAL CHILD ABUSE IN THE UNITED STATES 116 (1970); *see In re* Edwards, 70 Misc. 2d 858, 859, 335 N.Y.S.2d 575, 578 (1972).

[113] *But see* Issacs, *The Role of the Lawyer in Child Abuse Cases*, in HELPING THE BATTERED CHILD AND HIS FAMILY (C. KEMPE & R. HELFER eds. 1972).

[114] This, of course, varies from jurisdiction to jurisdiction. In some counties it is the county attorney and in others it is the city attorney, the corporation counsel, or the district attorney.

Arguably, because the local department has filed the petition and because the city attorney represents the child's interests, those interests are therefore adequately represented. Realistically, however, they are not. In an increasing number of jurisdictions, the city attorney is simply a conduit into the juvenile court. It is the local department which receives the report, completes the intake, makes the investigation, analyzes the investigatory data, decides whether or not to proceed into the juvenile court, prepares the petition, and subpoenas the witnesses. Social workers, unfortunately, simply do not have all these essential capabilities.[115]

In recent years, the number of reported cases of child abuse has risen dramatically. During this same period, the number of agency personnel who are mandated to conduct these cases has *not* grown accordingly. The result has been an increase in caseloads and a decrease in time allocated to each case.[116] Even if a caseworker were qualified to deal with all the necessary functions, he no longer has the time to perform them adequately. Consequently, because the city attorney relies on the local department's information, he, too, is at a disadvantage.

Realistically, the interests of the county and the local department may not be the same as those of the child.[117] Agency decisions are often based upon the availability of scarce resources and the cost of treatment instead of upon the needs of the child.[118] For example, while it may be in the child's best interests to be placed temporarily in foster care and receive special treatment, that is a cost that must be borne by the county, usually out of the local department's budget. Viewing the alternatives and visualizing the shrinking of limited financial resources, agency personnel often decide to place the child with his parents, defer the needed treatment, and employ the resources elsewhere.

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[115] *See* Levine, *Caveat Parens: A Demystification of the Child Protective System*, 35 U. PITT. L. REV. 1, 13-18 (1973); Paulson, note 54 *supra*.

[116] The eventual result of ever-increased caseloads is a high turnover of agency personnel. Campbell, *The Neglected Child: His and His Family's Treatment Under Massachusetts Law and Practice and Their Rights Under the Due Process Clause*, 4 SUFFOLK L. REV. 631, 643 (1973).

[117] In research sponsored by the New York City Task Force on Child Abuse and Neglect, it was found that less than 20% of the child protective service workers polled felt that it was their role to protect the child's interests. FINAL REPORT: NEW YORK CITY TASK FORCE ON CHILD ABUSE AND NEGLECT 98 (N.Y.C. 1971). *See also In re* Custody of a Minor, 250 F.2d 419, 420-21 (D.C. Cir. 1957).

[118] The family dynamics involved in a child abuse case are extremely complex. Successful treatment for the child and his parents is a long-term process. There is an understandable desire on the part of caseworkers, as caseloads increase, to "close" an old case to make way for a new case. This would seem to be the consensus of opinion by the authors of the essays collected in CHILD ABUSE AND NEGLECT: THE COMMUNITY AND THE FAMILY (C. KEMPE & R. HELFER eds. 1976).

Finally, once the city attorney presents the petition to the juvenile court, he assumes a quasi-prosecutorial role. His function becomes one of establishing, with the requisite burden of proof, the allegations contained within the petition.[119] Unfortunately, the mere establishment of culpability of the respondents may have absolutely no bearing on the child's own interests.

B. The Role of the Guardian Ad Litem

Most abusive incidents take place within the privacy of the family home without non-family eyewitnesses.[120] The majority of children who are abused by their parents are young[121]—too young to articulate their hurts, their needs, or to express their desires. They are persons who, because of their age, are legally estopped from retaining their own counsel and pursuing their own grievances. They are persons who, when embroiled in legal proceedings in which they have a real interest, have no spokesman who can specifically and individually address their needs and their interests.[122]

The guardian ad litem's role is to protect those needs and those interests. He represents neither the petitioner nor the respondent, but assumes the role of an advocate for the child. In fulfilling this role, the guardian ad litem assumes four functions. He is: (1) An *investigator*[123] whose task it is to ferret out all of the relevant facts; (2) an *advocate*[124] whose task it is to insure that all the relevant facts are before the court at all hearings; (3) a *counsel*[125] whose task it is to insure that the court has before it at the dispositional hearing all the available options; and (4) a *guardian*[126] in the simplest sense of the word, whose task it is to insure that the child's interests are fully protected.

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[119] "The necessity of establishing culpability is too great to ensure the single-minded attention that is necesssary to safeguard a child's long-range interests." *See* note 113 *supra* at 229.

[120] "Over ninety percent of the abuse incidents of the sample cohort occurred in the child's home. . . ." D. GIL, *supra* note 112, at 118.

[121] "Estimates of the usual age for physical abuse are that one-third occur under six months of age; one-third from six months to three years and one-third over the age of three." Kempe & Schmitt, *The Battered Child Syndrome*, CURRENT PEDIATRIC DIAGNOSIS AND TREATMENT 781 (C. KEMPE, H. SILVER & D. O'BRIEN eds. 1974); *see* T. ELMER, CHILDREN IN JEOPARDY 2 (1967).

[122] Stated somewhat more eloquently: "Parents have a right to their children but their children have a right to live." Paulsen, *The Legal Protections Against Child Abuse*, 13 CHILDREN 43, 45 (1966).

[123] "Hard facts obtained by a thorough prodding, investigation, not esoteric or abstract constitutional or legal arguments decide most juvenile court cases . . . The only way counsel can be assured of the facts is to make his own investigation." *See* note 48 *supra* at 221.

[124] "[e]xamine and cross-examine witnesses in both the adjudicatory and dispositional hearing and may introduce and examine his own witnesses . . ." COLO. REV. STAT. ANN. § 19-10-113(3) (Cum. Supp. 1975).

[125] "[R]eviewing psychiatric, psychologic and physical examinations of the child." ME. REV. STAT. ANN. tit. 22, § 3858 (1975).

Although all four functions are equally important, the ability to act adequately as an an advocate, a counsel, and a guardian greatly depends upon the guardian ad litem's ability as an investigator. Until a thorough investigation has been completed, there is simply not enough data available to develop a prognosis, to develop a treatment plan, and to present the possible options to the court. It is important to note that the report of suspected child abuse is made, the intake process and agency investigation completed,[127] and a preliminary diagnosis of the child abuse conducted,[128] all *before* the guardian ad litem is appointed. If an investigation has been thoroughly and correctly conducted, there is no need for the guardian ad litem to repeat the process.[129] What *is* important is that the guardian ad litem must collect all reports, evaluations, and records and be able to assess the thoroughness of the investigation in regard to the child's interests. The guardian ad litem must then integrate all the data and determine the child's needs.

The problem here is that most child abuse investigations are not properly conducted.[130] Agency personnel, for the most part, have a tendency to focus upon the injury which is reported. The result of this one-dimensional investigation is to create a "still-life portrait" of the child at the time the reported incident took place. Child abuse does not consist of a single attack or act of deprivation.[131] Most often, child abuse is abusive behavior directed to the child over a period of time.[132] The longer the abusive behavior continues, the more serious are the resultant injuries. The properly conducted investigation, therefore, does not focus solely on the reported injury. Rather, the investigation should create a "moving picture" of the child's life, a kaleidoscope that illustrates a pattern of parental misfeasance, nonfeasance, or malfeasance which jeopardizes the child's safety, health, or life.[133]

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[126] "[A] guardian ad litem shall have the duty to protect the interests of the child for whom he has been appointed. . . ." Nebraska Law Bull. No. 19, § 1(2) (1975).

[127] In some instances it is conceivable that the agency investigation has not been completed. Court proceedings may begin before the report of suspected child abuse is investigated or during the course of the agency investigation if the child has been taken into temporary custody. *See* text accompanying notes 168-69 *infra*.

[128] The guardian ad litem is appointed by the court *after* a petition alleging abuse has been filed. The petition alleging abuse can only be filed after a report of suspected child abuse has been received, after an investigation has been completed, and after an evaluation of the investigatory data has been made by the agency. The agency has, in fact, made its own preliminary diagnosis of child abuse.

[129] Provisions enumerating the guardian ad litem's duties do not require that he conduct his investigations in a vacuum. Most provisions require that he "make further investigations as he deems necessary to ascertain the facts . . . ." Me. Rev. Stat. Ann. tit. 22, § 3858 (Supp. 1975); *see also* Colo. Rev. Stat. Ann. § 19-10-113(3) (Cum. Supp. 1975).

[130] *See* notes 115-16 *supra*.

[131] In one study it was noted that 30 to 40 per cent of the parents who were reported as having abused a child had previously been involved in another abusive incident in the past. Furthermore, "at least half of the children (abused) of the sample cohort had been victims of physical abuse prior to the incident

IV. REPRESENTING THE ABUSED CHILD

A. Investigation

1. Agency Reports.—Persons who conduct child abuse investigations should be aware that those who report cases of suspected child abuse have little knowledge of the law or their obligations.[134] Persons who report child abuse usually do so to agencies with which they have previously dealt—usually ones they view as being both non-punitive and able to respond quickly. Although a particular statute may require that all reports be made to the local department of social services, in reality they are most often made to schools, public or mental health agencies, the juvenile court, the district attorney, or to the police.[135] In most cases, the receiving agency will screen these reports and forward them to the mandated agency.[136] Although the initial report is referred to

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reported in 1967." D. GIL, VIOLENCE AGAINST CHILDREN: PHYSICAL CHILD ABUSE IN THE UNITED STATES 108-09 (1970). *See also* Caffey, *Significance of the History in the Diagnosis of Traumatic Injury to Children*, 67 JOURNAL OF PEDIATRICS 1008, 1014 (1965).

[132] Both the criminal courts, People v. Hensen, 33 N.Y.2d 63, 304 N.E.2d 358, 349 N.Y.S.2d 657 (1973); State v. Loss, 295 Minn. 271, 204 N.E.2d 404 (1973), and the juvenile courts or district courts with juvenile jurisdiction, *In re* J., 74 Misc. 2d 606, 344 N.Y.S.2d 422 (Fam. Ct. N.Y. Cnty. 1973); *In re* K.D.E., 210 N.W.2d 907 (S.D. 1973); *In re* State ex rel. Thaxton, 220 So. 2d 184 (La. App. 1969), have acknowledged the fact that child abuse is not a single isolated attack. *See also* N.Y. FAMILY CT. ACT, § 1046(a)(i) (McKinney 1975).

[133]
> It is only when all of these injuries are taken together that they constitute by virtue of the cumulative effect an overall pattern which compels a finding . . . that the child was and is a "neglected child . . . ."

In the Matter of Young, 50 Misc. 2d 271, 274, 270 N.Y.S.2d 250, 253 (Fam. Ct. Westchester Cnty. 1966).

[134] A number of states have recognized this deficiency and now require in their statutes that some state agency, usually the department of social services, provide training and public awareness. *See* IOWA CODE § 235(A)(9) (Cum. Supp. 1975); VA. CODE ANN. § 63.1-248.6(E) (Cum. Supp. 1975).

[135] Since a non-accidental physical injury to a child is likely to be a crime in any state, it is quite likely that the local law enforcement agency or the district attorney's office will make their own independent investigation.

[136] While this is what ought to happen, in many cases it does not. In some instances, the receiving agency is not aware that it is required to forward the report to the mandated agency. In other instances, especially in those states in which there are more than one mandated agency, the report may simply get lost. Additionally, each agency may think another agency is pursuing the matter.

the mandated agency, the receiving agency may also conduct its own intake and investigation. In many cases, these are not forwarded to the mandated agency. To do a thorough job, the investigator should be able to obtain these reports and integrate them into his own data.[137]

The guardian ad litem's first task, therefore, is to determine the existence of and request copies of:

(1) The initial report of suspected child abuse;

(2) the intake report;

(3) the mandated agency's investigatory report;

(4) any followup reports required of the mandated agency;

(5) any police reports;

(6) any medical, psychological, or psychiatric reports;

(7) any relevant records in the central registry; and

(8) any photographs or x-rays that have been made of the subject child.

The majority of states require only an oral report from those persons specifically mandated to report.[138] A few states, however, require, or provide the option of requesting, a written report.[139] In any event, a written report will be completed by the reporter himself or by agency personnel as a part of the intake process. States vary in the amount of information that is recorded in the initial report. At a minimum all states require the child's name, age, sex, and address; the parents' names and address(es); the type and extent of the injury; the name of the suspected perpetrator, if known; and any other information that the reporter believes may be beneficial.[140]

In addition to this initial report (a copy of which is usually forwarded to the state's central registry) a number of states now re-

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See generally Helfer, *The Child's Need for Early Recognition, Immediate Care and Protection,* in Helping the Battered Child and His Family (C. Kempe & R. Helfer eds. 1972).

[137] From the initial report of suspected child abuse, the guardian ad litem can determine the identity of the reporter. If the reporter is a member of the law enforcement agency, the public or mental health department, etc., the guardian ad litem should be able to isolate any independent reports or evaluations made by that agency.

[138] "An immediate oral report shall be made by telephone or otherwise." Delaware Code Ann. § 1003 (Supp. 1975); *see also* Kansas H.B. No. 2543, ch. 231, § 38-717 (1975).

[139] *See* Colo. Rev. Stat. Ann. § 19-10-108(1) (Cum. Supp. 1975); Conn. Gen. Stat. Ann. § 17-38(c) (1975).

[140] *See* Fla. Stat. Ann. § 848.041(5) (Supp. 1974); Missouri H.B. No. 578, § 4.1 (1975).

quire followup reports at regular intervals.[141] The followup reports are used to expunge unfounded reports from the central registry, to augment information in the records which are retained, and to evaluate a family's progress. The information contained within the initial and followup reports should provide the guardian ad litem with a sound base for his investigation.

2. *Medical Reports.*—In every case of suspected child abuse, the child should be examined by a qualified and licensed physician. The examination should be made immediately upon receipt of a report.[142] If a physical examination has not been completed by the time the guardian ad litem is appointed, he or she should request one.[143] Bruises, abrasions and burns all disappear with surprising speed. In young children, bones mend quickly.[144] More importantly, though external indications of trauma may disappear, the danger to the abused child does not.

It is a patent mistake to proceed under the assumption that all physicians are familiar with child abuse, can identify its symptoms, and will provide the investigator with information that is valuable for his own evaluations. Physicians must be requested to examine each injury *separately*. Each injury should, in turn, be broken down into four descriptive categories:

(1) Type—e.g. , burn, fracture;

(2) extent—e.g. , three centimeters by four centimeters, rectangular in shape;

(3) severity—e.g. , third degree burn, compound fracture; and

(4) age—e.g. , two days previous, two weeks old.[145]

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[141] *See, e.g.*, N.Y. Soc. Serv. Law § 425(3) (McKinney 1975).

[142] An immediate medical investigation is especially important in cases of child abuse involving sexual molestation. *See* Sgroi, *supra* note 26. Some states require by law that a medical examination be made immediately of children suspected of being maltreated. *See, e.g.*, N.Y. Family Court Act § 1027(g) (McKinney 1975).

[143] Once the child is properly before the court, that child is, for all practical purposes, a ward of the court. The court, as the child's guardian for these proceedings, may order a complete physical examination. The guardian ad litem does *not* have this authority.

[144] A trauma survey (x-rays) will determine the existence of recent and healing fractures. Healing fractures are indicated by calcium deposits surrounding the injured area. However, unlike adults, a child's bones are still growing. In a relatively short period of time (8-12 months), the growing bone will absorb the calcium deposits and no evidence will remain of a previous fracture. A word of caution is in order. A negative trauma survey for a child only indicates that there has been no recent bone trauma. It should not be construed to mean that there has *never* been any bone trauma.

[145] For an excellent article discussing the physical manifestations of child abuse, the most common injuries and their causes, and a discussion of differential diagnosis, see Schmitt & Kempe, *The Pediatrician's Role in Child Abuse and Neglect*, 5 Current Problems in Pediatrics 1 (1975).

Upon completion of the examination, the physician should inform the investigator whether the actual injuries exhibited by the child are compatible with the parents' explanation for those injuries. If not, the investigator should learn why not. The two most incriminating facts indicative of non-accidental trauma are an explanation by the parents which is medically incompatible with the nature or type of injury exhibited, and numerous injuries exhibited by the child which were inflicted at different times.[146]

In addition, any physical examination of a child suspected of being abused should include a complete trauma survey.[147] A number of states have noted parents' hesitation to grant consent for a trauma survey, and have given the physician or hospital administrator the right to take x-rays without parental permission, or even against parental wishes.[148] Two states even *require* that such x-rays be made at public expense in any case of child abuse.[149]

In cases where superficial body trauma is found, color photographs should be taken by a qualified photographer.[150] Again, some states have acknowledged the parent's probable hesitation in granting consent and permit color photographs to be taken without parental permission or wishes.[151]

3. Personal Interviews.—It is incumbent upon the guardian ad litem that he or she interview many persons, including the one who made the initial report, the physician who examined the subject child, the child (if old enough to verbalize his thoughts),[152] the child's parents, the suspected perpetrator, neighbors, relatives, and business associates who know the family well. The purpose of these interviews is to gather enough information to develop a "moving picture" of the child's life. The guardian ad litem should be particularly interested in past injuries to the child,[153] who treated these injuries, injuries to siblings,[154] the method of discipline used by the parents, the parents' expectations of the child, the parents' own childhoods,[155] and all addresses at which this family resided from the birth of the subject child.

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[146] *See* People v. Jackson, 18 Cal. App. 3d 504, 95 Cal. Rptr. 919 (4th Dist. 1971); In the Matter of A.H., 64 Misc. 2d 965, 316 N.Y.S.2d 16 (Fam. Ct. King's Cnty. 1970); *In re* S., 46 Misc. 2d 161, 259 N.Y.S.2d 164 (Fam. Ct. King's Cnty. 1965); *In re* Phelps, 145 Mont. 557, 402 P.2d 593 (1965).

[147] A *complete* trauma survey includes a radiological survey of the long bones, fingers, toes, skull, rib cage and pelvis.

For all practical purposes, a complete radiological survey is only completed when there is some external manifestation of internal trauma: A bruising or skin discoloration around the injured area; painful and limited maliability of the appendages; increased surface heat around the injured area or a swelling of the injured area. If there is any external indication of skeletal trauma, a complete radiological survey should be completed immediately and then repeated 10 to 14 days later. Certain injuries to the bone or the tissues that surround the bone may not be detected immediately (i.e., periostial elevation) but as the bone or the tissue surrounding the bone repairs itself (calcium deposits), that reparative change can be detected.

[148] *See* Colo. Rev. Stat. Ann. § 19-10-106 (Cum. Supp. 1975); Pa. S.B. No. 25 § 7 (1975).

[149] N.Y. Soc. Ser. Law § 416 (McKinney 1975); Missouri H.B. No. 578, § 3 (1975).

[150] *See* Ford, Smestek & Glass, *Photography of Suspected Child Abuse and Maltreatment*, 3 Biomedical Communications 12 (1975).

[151] *See* Colo. Rev. Stat. Ann. § 19-10-106 (Cum. Supp. 1975); Missouri H.B. No. 578, § 3 (1975).

[152] Children can, of course, testify in court. The decision is usually left

4. State Central Registries.— Forty-eight states now have central registries created by legislation or administrative fiat.[156] If the guardian ad litem has determined the family's residences since the subject child's birth, he or she can then consult each state's central registry to discover any previous reports of suspected child abuse. For a variety of reasons, however, some reports of suspected child abuse never find their way into a state's central registry.[157] The guardian ad litem must therefore crosscheck his own investigation by contacting local departments of social services in those counties in which the family has previously resided.

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to the individual judge who will consider such factors as the child's ability to articulate his thoughts and his ability to distinguish between what is the truth and what is not. *See generally* McCormick, Handbook of the Law of Evidence § 62 (2d ed. 1972). Children are, however, for a variety of reasons, usually unwilling to testify against their parents. *See* Comment, 13 Catholic Lawyer 231, 234 (1967); V. Fontana, Somewhere a Child is Crying 27 (1973). For judicial notice of the same fact, see Gelhar v. State, 41 Misc. 2d 230, 163 N.W.2d 609 (1969); State v. Hunt, 2 Ariz. App. 6, 406 P.2d 208 (1965).

[153] The phrase "past injuries" without the adjective "non-accidental" was purposely drafted in that manner. The fact that a particular child suffered four "injuries" in an 18-month period may be just as indicative of child abuse as one non-accidental injury. *See* Newberger, Hagenbuck, Ebling, Calligan, Sheenan & McVeigh, *Reducing the Literal and Human Cost of Child Abuse: Impact of a New Hospital Management System*, 51 Pediatrics 840, 846 (1973). There are, however, "accident-prone" families. *See* U.S. Dep't of Health, Education and Welfare, Federal Programs for Young Children: Review and Recommendations 423 (No. 74-101 1973).

[154] A number of courts have noted the fact that previous injuries to siblings are valid data to be considered in cases determining the existence of child abuse. *See In re* G., 74 Misc. 2d 606, 344 N.Y.S.2d 422 (Fam. Ct. N.Y. Cnty. 1973); *In re* J.F., 190 N.W.2d 27, 35 (N.D. 1971); In the Matter of Young, 50 Misc. 2d 271, 274, 270 N.Y.S.2d 250, 253 (Fam. Ct. Westchester Cnty. 1966).

[155] Because child abuse is often referred to as a learned or conditioned behavior passed from generation to generation, information concerning the parents' own childhood is often valuable for the purposes of investigation and for court. *See* State v. Best, 232 N.W.2d 447, 459 (S.D. 1975); State v. Loss, 295 Minn. 271, 204 N.W.2d 404 (1973).

[156] Currently, 48 states do have functional central registries to house reports of suspected child abuse. For an alphabetical listing of those states, citations to the enabling statutes, a list of persons who are given access, and the address of each central registry see Fraser, *Appendix E, Central Registries in Colorado: Child Abuse and the Child Protection Act* (1976) (unpublished material at the National Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, University of Colorado, Denver).

[157] *See* A. Sussman & S. Cohen, Reporting Child Abuse and Neglect 149-65 (1974).

B. *Initial Action*

When all of the investigatory data is compiled, the guardian ad litem must resolve three questions:

(1) Is there a present danger to the child?

(2) If there is a present danger to the child, can the child's injuries or the parents' behavior be classified as child abuse under state law?

(3) If there is a present danger to the child, what are the child's physical, psychological and developmental needs?[158]

1. *What are the Child's Needs?*—If the guardian ad litem believes that the child's injuries or the parents' behavior cannot be classified as as child abuse under state law, he must inform the court that in his opinion the court lacks jurisdiction. However, it is the issue of *present danger* to a child that is more germane to the guardian ad litem's role. His ability to characterize present injuries or parental behavior as abuse under state law only provides the agency with one other opinion on intervention. This does not address the issue of *present need*—the issue with which the guardian ad litem should be most concerned. In short, it is the guardian ad litem's primary obligation to identify a child's needs—whether physical, psychological, or developmental—and to insure that those needs are addressed.

2. *Formal Proceedings.*—In most states, the guardian ad litem has the option of examining and cross-examining both the petitioner's and the respondent's witnesses.[159] The guardian ad litem should also have the option of examining his own witnesses, and introducing his own reports and evaluations.[160] At the close of each proceeding, the guardian ad litem should be given the opportunity to make recommendations to the court.[161] The court, however, is under no obligation to adopt the guardian ad litem's recommendations as its own. In this respect, the guardian ad litem's role is closely akin to that of *amicus curiae*.[162]

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[158] For a list of specific physical, psychological, and developmental needs that must be addressed, see H. Martin, Child Abuse A Developmental Approach, Appendix A (1976).

[159] *E.g.*, Ark. Stat. Ann. § 42-817 (Supp. 1975); Colo. Rev. Stat. Ann. § 19-10-113(3) (Cum. Supp. 1975); Me. Rev. Stat. Ann. tit. 22, § 3858 (Supp. 1975); Pa. Stat. Ann. tit. 11, § 2223 (Supp. 1975).

[160] Colorado seems to be the only state which specifically allows the guardian ad litem to introduce his own evidence and witnesses. *See*, Colo. Rev. Stat. Ann. § 19-10-113(c) (Cum. Supp. 1975). The other pertinent statutes, however, do not specifically preclude such evidence.

[161] Ark. Stat. Ann. § 42-817 (Cum. Supp. 1975); Colo. Rev. Stat. Ann. § 19-10-113(3) (Cum. Supp. 1975); Me. Rev. Stat. Ann. tit. 22, § 3858 (Supp. 1975); Pa. Stat. Ann. tit. 11, § 2223 (Supp. 1975).

[162] *Amicus curiae*, a friend of the court, is one "who interposes and volun-

Child abuse proceedings can involve as many as five separate hearings.[163] The first is the *advisement*. At the advisement hearing the respondents are formally notified of the allegations, and their rights are reiterated. The second is the *setting*, at which a mutually convenient date and time are set to resolve the allegations. The third is the *adjudication*. At the adjudicatory hearing there is only one issue to resolve: Do the child's injuries or the parents' behavior fall within the state's statutory definition of child abuse?[164] If the court decides that this is not a case of child abuse, all legal proceedings are terminated. If the court decides that the child has been abused, it will order the fourth hearing, the *disposition*.[165] At the dispositional hearing there is again only one issue to resolve: To whom should custody be awarded?[166] Finally, there is opportunity for a fifth hearing which may be held at any time from receipt of the report of suspected abuse to the final disposition of the case.

It may be initially evident, or it may become evident as the investigation goes forward, that the child is in immediate danger in his home environment. If this is the case, the petitioner or guardian ad litem may request that the court assume temporary custody,[167] or protective custody, until the investigation has been completed and a final disposition has been made. A number of states now authorize certain persons to assume unilateral temporary custody without a court order[168] if it is believed that the child's life or health is in imminent danger.[169] Attached to these

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teers information upon some matters of law in regard to which the judge is doubtful or mistaken." Fort Worth & Denver City Ry. Co. v. Greathouse, 41 S.W.2d 418, 422 (Tex. 1931). Although he is not a party to the action, he volunteers information and opinions "of which the court may take judicial cognizance." *In re* Perry, 83 Ind. App. 456, 458, 148 N.E. 163, 165 (1925). The extent to which the court does accept the guardian ad litem's recommendations will no doubt depend on his knowledge of the facts, his understanding of the factors involved in child abuse situations, and his ability to elicit the child's needs and thereby formulate workable solutions.

[163] For a comprehensive discussion of these proceedings see Fine, Fraser and MacDonald, *The Battered Child*, 3 COLO. LAWYER 33 (1974).

[164] *See* Note, *Expert Medical Testimony Concerning Child Abuse*, 42 FORD. L. REV. 935 (1974); Comment, *Evidentiary Problems of Proof in Child Abuse Cases*, 13 J. FAMILY L. 819, 825-36 (1974).

[165] COLO. REV. STAT. ANN. § 19-3-106(6)(b) (1973). Several states provide for concurrent adjudicatory and dispositional hearings. The issues involved in each hearing are distinct, and it is, therefore, more prudent to separate them.

[166] At the dispositional hearing, the juvenile court may: (1) Terminate the parents' rights; (2) return the child to the parents under court supervision; or (3) place the child in foster care. If the child is returned to the parents, the court will periodically review the parents' progress, and once the home stabilizes, the court will withdraw.

[167] *E.g.*, ARK. STAT. ANN. § 42-817 (Supp. 1975).

[168] *E.g.*, MO. ANN. STAT. § 210.125 (Vernon Supp. 1975). In Missouri, a physician, a police officer, or other law enforcement official may assume temporary protective custody without parental permission or a court order.

[169] *E.g.*, 1975 Ala. Acts 1124, § 6; protective custody may be assumed,

> if the circumstances or conditions of the child are such that continuing

provisions is usually the requirement that there be a formal hearing within some fixed period of time.[170] Although guardians ad litem are routinely appointed in some states to represent the child's interests at the adjudicatory and dispositional hearings, they are not routinely appointed or even present at hearings for temporary custody. They should be.

If the guardian ad litem's role is to protect the child's interests, then it would seem necessary that he be involved in all formal hearings, including any hearing for temporary custody. The issue of temporary custody involves the balancing of two very real interests for the child. The court must decide whether the potential for future harm in the child's own home outweighs the known harm to a child that results from a forced separation.[171] At any point where the child's interests may be adversely affected, it is imperative that the guardian ad litem be involved. Arguments that a guardian ad litem can not be appointed that quickly, that he will not be prepared or that it is not part of his function, all seem to have a listless apathy to them. If the parents can find and hire their own attorney in the relatively short time before a hearing on temporary custody, there is no reason the court, too, cannot have appointed its own representative.[172]

C. *Expanding the Guardian Ad Litem's Use, Knowledge and Expertise*

Today, nineteen states specifically require the appointment of a guardian ad litem to represent an abused child's interests in a proceeding for child abuse.[173] Three states permit the court to

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> in his place of residence, or in the care and custody of the parent . . . presents an imminent danger to that child's life or health.

[170] Colo. Rev. Stat. Ann. § 19-10-107 (1973) (seventy-two hours); N.D. Cent. Code § 50-25.1-07 (Supp. 1975) (ninety-two hours); N.Y. Soc. Serv. Law § 417(2) (McKinney 1976) (next regular work day session).

[171] *See* J. Goldstein, A. Freud & A. Solnit, Beyond the Best Interest of the Child 20, 39 (1973); U.S. Dep't of Health, Education & Welfare, Is Early Intervention Effective (No. 74-25 1974).

[172] Although the hearing regarding temporary custody soon follows the state's assumption of custody, the time span is the same for the petitioner, the respondent and the guardian ad litem. Thus, there is no reason why the guardian ad litem should not be as well prepared as the other parties in the action.

[173] 1975 Ala. Acts 1124, § 6; Ark. Stat Ann. § 42-817 (Supp. 1975); Colo. Rev. Stat. Ann. § 19-10-113 (Cum. Supp. 1975); Conn. Gen. Stat. Ann. § 13-38a(f) (1975); Kan. Stat. Ann. § 38-821 (Supp. 1975); Me. Stat. Rev. Ann. tit. 22 § 3858 (Supp. 1975); Mich. Comp. Laws Ann. § 722.630 (Supp. 1975); Miss. Code Ann. § 43-21-17 (Supp. 1975); Neb. Rev. Stat. § 38-118 (1975); N.J. Stat. Ann. § 9:6-8.19 (Supp. 1975); N.Y. Family Ct. Act § 249 (1975); N.D. Cent. Code § 50-25.1-08 (Supp. 1975); Ohio Rev. Code Ann. § 2151.28.1 (Anderson Supp. 1975); Pa. Stat. Ann. tit. 11 § 2223 (Supp. 1975); S.D. Compiled Laws Ann. § 26-10-12.1 (Supp. 1976); Utah Code Ann. § 55-16-7 (Supp. 1975); Va. Code Ann. § 63.1-248.12 (Supp. 1976); Wash.

appoint a guardian ad litem for children in cases of child abuse that result in judicial proceedings.[174] Elsewhere, there are two broad classifications found in various statutory provisions which enable a court to appoint and provide the child with independent representation in cases of child abuse.[175]

By and large, the enabling statutes which require or permit the appointment of a guardian ad litem offer little guidance for those who are chosen. Most states simply provide for the appointment of a guardian ad litem and note that his responsibilities include protection of the child's interests.[176] A few states go further and provide that the guardian ad litem has an affirmative obligation to insure a proper investigation, to examine and cross-examine the petitioner's and respondent's witnesses, to introduce his own evidence and own witnesses, and to make recommendations at the close of each hearing.[177]

Colorado goes further than other states to insure that the guardian ad litem will be fully informed: He is specifically given access to all records which are relevant to the case.[178] In addition, in Colorado it is the local department of social services or the local child protection team which files the petition in

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REV. CODE ANN. § 26.44.053 (Supp. 1975). New York and Michigan provide for the appointment of a law guardian and a counsel respectively.

[174] FLA. STAT. ANN. § 827.07(12) (1976); LA. REV. STAT. ANN. § 14.403 (6)(7) (West 1974); MONT. REV. CODES ANN. § 10-1310(12) (Supp. 1975).

[175] Five states require that the child be appointed independent representation when certain conditions are met. While these provisions are not codified in the mandatory reporting statutes, the structure of the statutes ultimately provides the child with independent representation. *See* GA. CODE ANN. § 24A-3301 (Supp. 1974) (when child's interests conflict); IOWA CODE ANN. § 232.28 (1969) (whenever necessary); MINN. STAT. ANN. § 260.155(4) (1971) (parent indifferent or hostile to child's interests); TENN. CODE ANN. § 37-248 (Supp. 1975) (conflict of interest); VT. STAT. ANN. tit. 33, § 653(a) (Supp. 1975) (conflict of interest). Thirteen states *permit* the appointment of independent representation when certain conditions are met or in the court's discretion. Although these provisions are not found in the mandatory reporting statutes they could be used to provide the child with independent representation in cases of child abuse. ALASKA STAT. § 47.10.050 (Supp. 1974); ARIZ. REV. STAT. ANN. § 8-535 (1974); HAWAII REV. STAT. § 571.24 (1968); IDAHO CODE § 16-2007 (Supp. 1975); ILL. REV. STAT. ch. 37, § 704-5 (Supp. 1975); MO. REV. STAT. § 211.471 (Vernon 1962); N.H. REV. STAT. ANN. § 462.1 (1968); N.M. STAT. ANN. § 13-14-25(6) (1976); OKLA. STAT. ANN. tit. 10, § 1109(b) (Supp. 1975); ORE. REV. STAT. § 419.498(2) (1975); TEX. FAM. CODE § 11.10(a) (Cum. Supp. 1976); WIS. STAT. ANN. § 48.25(5) (1957); WYO. STAT. ANN. § 14-115.17 (Supp. 1975).

[176] *E.g.*, N.D. CENT. CODE § 50-25.1-08 (Supp. 1975) ("the court in every case involving an abused or a neglected child which results in a judicial proceeding shall appoint a guardian ad litem for the child in these proceedings.")

[177] *See* notes 119-21 *supra*.

[178] A list of the reports and evaluations which are specifically made available to the guardian ad litem is found in COLO. REV. STAT. ANN. § 19-3-101(4) (1973). In Colorado, as in other states, the guardian is given specific authorization to utilize records in the state-wide central registry for child abuse. COLO. REV. STAT. ANN. § 19-10-115(d) (Cum. Supp. 1975).

juvenile court on behalf of the abused child.[179] The local department or child protection team[180] must also notify the guardian ad litem, in writing, of the reason for initiating the petition, of suggestions for an optimum disposition, and of treatment and social services available within the community which are recommended for the abused child and his family.[181]

This information, if transferred quickly and completely, will aid the guardian ad litem in his investigation and help him integrate the facts and identify the various needs of the child. The guardian also becomes better informed of treatment resources within the community which could be directed to the child's needs. In general, the required information helps the guardian ad litem present a well-documented and completely integrated case to the court on behalf of the child.

A few states have addressed their concerns over the requisite qualifications of a guardian ad litem and the court's concomitant responsibility to appoint capable persons to fill this position. Thus, five states specifically require that the guardian ad litem be an attorney.[182] Two states expressly note the court's responsibility to monitor the guardian ad litem's progress.[183] Two states specifically require that the guardian ad litem be trained in the pertinent areas of investigation and counseling.[184]

V. CONCLUSION

Historically, the guardian ad litem represented only a defendant child in a court of law. As guardian for the accused child, the guardian ad litem assumed an adversarial role. This is not true in a case of child abuse. The child is neither the plaintiff nor the defendant. The guardian ad litem, appointed solely to represent the abused child's interest, is an advocate for the child and is ultimately responsible to the appointing court. For lawyers trained in the adversary process, the combined role of guardian and advocate may be a difficult role to conceptualize.

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[179] COLO. REV. STAT. ANN. § 19-10-109(4)(b) (1973).

[180] For a legal definition of the child protection team in Colorado see COLO. REV. STAT. ANN. § 19-10-103(2) (1973). Under Colorado law, this team must review every reported case of suspected child abuse (non-accidental trauma, neglect, sexual molestation) within seven days.

[181] *See*, COLO. REV. STAT. ANN. § 19-10-109 (1973).

[182] Alabama, Connecticut, Kansas, New Jersey and Virginia.

[183] Ohio and North Carolina.

[184] "[T]he child shall be represented by counsel appointed by the court to speak in behalf of the best interests of the child; which counsel shall be knowledgeable about the needs and protection of the child." CONN. GEN. STAT. ANN. § 17-38a(f)(2) (1975). *See also* VA. CODE ANN. § 63.1-248.12 (Supp. 1976).

To fulfill his obligations to the child, the guardian ad litem must actually assume four separate roles. He is first an investigator, then an advocate, a counsel, and a guardian. His ability to function as an advocate, a counsel, and a guardian depends to a great degree on his ability to investigate. To perform adequately as an investigator, it is necessary to have at least a working knowledge of the incidence of child abuse and neglect. This does not necessarily mean that the guardian ad litem must have substantive expertise in child development, medical pathology, psychiatry, social work and juvenile law. It *does* mean that the guardian ad litem must recognize his deficiencies in particular areas and turn to others who can supply that expertise. Moreover, in order to protect the abused child's interests adequately, the guardian ad litem must receive prompt appointment to enable him to be present at all proceedings.

Present enabling statutes provide little in the way of legislative guidelines for the guardian ad litem.[185] It would be wiser perhaps to simply regard the legislation as a framework—a framework which defines the upper and lower limits of acceptable performance. What happens between those limits is largely a function of the person chosen to represent the child. Ultimately, the success of a guardian ad litem will rest upon his willingness to explore the complexities of the problem, to work hard and develop his own expertise, to incorporate the expertise of others, and finally—perhaps most importantly—to be innovative and creative.

In very few cases is a lawyer asked to assume more responsibility than a child abuse case. A lack of diligence, a lack of interest, or a passive pursuit of the child's interests may have little effect on the lawyer. That is not true of the child. Children grow older, but for many children the best is not yet to be.

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[185] *See* Isaacs, *The Role of the Lawyer in Representing Minors in the New Family Court*, 12 BUFF. L. REV. 501, 505-06 (1963).

BATTERED BABIES

- Their screams of terror go unheard -

by

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Abstract: Battered Babies: Their Screams of Terror Go Unheard.

Child abuse continues unabated in this country. Despite all professional efforts and intensive campaigns for early recognition of battering and neglect, children continue to be harmed and often killed by their caretakers. The recidivism of abusers is most shocking. Several cases are presented. Most were known to various authorities prior to these reported beatings; the system failed them as it fails many. New approaches are urgently needed. In addition to further programs for detection and prevention, courses on parenthood might be encouraged at high school and college levels. Once even suspected of having been abused or neglected, a child deserves expert supervision and legal representation. Well-run shelters and group homes are needed. Also, Law enforement agencies must be more involved. The safety of the children must be the prime concern.

BATTERED BABIES: Their screams of terror go unheard.

INTRODUCTION

Since the term "battered child syndrome" came into popular usage among professionals, what have the actual results of their efforts been? What benefits, if any, have accrued to these helpless frightened children?

In 1946 Caffey described subdural hematoma and multiple bone abnormalities in children as findings of obscure etiology. Unknown to Caffey and the experts, the probable cause of these injuries was physical abuse by the patients' parents or caretakers. These children were sent home where some developed new injuries.[2]

Seven years later, in 1953, Silverman described multiple fractures due to recurrent trauma.[14]

Then, in 1961, Gwinn et al described unsuspected trauma in infancy and stated that "serious injury and even death are not at all uncommon after these infants have been returned to their home environment."[5]

In 1962 Kempe coined the term "battered child syndrome" to describe " a clinical condition in young children who had received serious physical abuse, generally from a parent or foster parent."[10]

Today, 30 years after Caffey's article, the nightmare for these children continues; many battered children are again returned to their original environments where many are battered again, and some die.[1, 3, 12] According to studies, at least 10% die and 30% suffer repeated abuse.

We have selected several case studies from the charts of a major teaching hospital. The admissions for suspected abuse were from late 1973 to mid-1975. These illustrate some of the incredible injustices these children have endured. Most of them are under the age of 3, and too young to speak for themselves. Their names have been changed.

CASE STUDIES

CASE # 1.

Victor N.

At 5 months of age this child developed his third lower respiratory tract infection. The physician's recommendations, such as the use of a vaporizer, were not being implemented. The boy's mother was a known heroin addict. They lived with a (drug) supplier, who was male, and with two other female addicts and their children. This situation should have been known to various agencies: the mother was on probation for counterfeiting, and the father in jail for burglary.

The first documented incidence of abuse to Victor, on 4/25/74, was when the child was 3 and 9/12 years old. One day the male of the "family" (the supplier) allegedly became angry with the mother and directed his anger against the child by beating him and "grabbing his genitals." Victor was also kicked and "knocked unconscious." On arrival at the emergency room, the boy had fresh lacerations and bruises on his face, thorax and extremities. There were also old scars on the right side of his head, and above the 6th rib. The genitalia were slightly erythematous.

The hospital staff reported this case to Child Welfare. Victor was kept in the hospital for 24 hours for observation. He did well and was discharged to Child Welfare authorities, who were arranging for foster placement.

Several questions arise: How many agencies knew of his situation earlier? What happened to him next - was he returned to his previous setting, as are so many other abused children? And what happened to the children of the other women addicts in the "family?"

CASE # 2.

Bonnie K.

Bonnie's first visit to the hospital clinic, on 8/24/73, was at age 6 weeks, when she was diagnosed as having viral gastroenteritis. A couple of weeks later her mother brought her back and, according to the chart, the infant allegedly had been beaten with a comb and wires by her father. In addition, the baby had been "allegedly sexually molested per vagina and rectum digitally," in the words of the physician. The mother also reported that the father refused to buy enough formula for the baby.

Bonnie's weight was then only 5 lbs 8 ounces, the same as her birth weight. The doctor called her a malnourished baby, and described "multiple bruises and small puncture wounds." The impression was, that Bonnie was an "abused child." X-Rays of her skull and long bones showed no fractures, and the mother was advised to return with the child two weeks later.

Not until 6 months later did they return, when Bonnie was treated for facial and vaginal rashes and congestion; she was 8 months old. At 9 months she was seen again for a checkup and given vitamins.

The following month Bonnie was brought in unconscious (5/21/74); it was around midnight when she arrived. Her pupils were large and fixed. She was flaccid and had bilaterally positive Babinski reflexes. X-Ray of the skull showed a linear fracture in the occipital area.

After further studies she was taken to surgery where the blood clots were removed from her head. Her diagnoses were: acute right subdural hematoma and subacute left subdural hematoma. Bonnie died in the recovery room less than 5 hours after she had reached the emergency room.

According to the chart, this baby had been mistreated before. Her mother had come with her on several occasions to the clinic. The doctor there had recognized that the child was abused and neglected, but apparently no arrangements were made to prevent further battering.

Was a full investigation ever made of her death?

CASE # 3.

Denny D.

Denny had been born by Cesarian section to a 16-year-old. He was 4 and 1/2 months old when he was brought to the emergency room with burns and a head injury (5/14/75).

According to Denny's mother, she had left him on a bed while she went for his bottle. From the kitchen the mother heard a thud and a short cry from the bedroom. When she ran into the bedroom, she found that the baby had fallen off the bed. He had landed on his right side, on a radio, with his head hanging to the floor. When she picked him up, he seemed limp, and was unresponsive.

To wake the infant, the mother put him under a faucet. She said that she meant to run cold water over him, but the water was hot and scalded him. She said that the baby did not react at all to the hot water.

On examination, the baby's anterior fontanelle was found to be tense. Arteriography revealed a right infratemporal hematoma. He had a bruise on his right thigh, and 2° burns on his right upper and lower back, both buttocks and left anterior thigh and foot. His right clavicle was deformed; x-ray revealed an old fracture of the clavicle. The child was alternately lethargic and irritable. (The family denied any previous injuries, or easy bruising.) Denny underwent surgery for the right infratemporal hematoma, and treatment for his burns. His hospital course was complicated, and his condition gradually deteriorated. After 18 days in the hospital Denny died of complications of the head injury.

It was the impression that Denny had been battered. Was action taken against anyone? Was a full investigation made at all?

CASE # 4.

Bobbie C.

Bobbie was brought into the hospital at age 10 months, on 11/15/74, because of diarrhea and vomiting, and also because of multiple bruises and scratches on his face. According to the mother, these bruises had been inflicted by the child's father when he was "mad because he had lost his job." She alleged that the father beat the child on the head with his fist. She had occasionally noticed bruises on Bobbie ever since his father had returned from the service 6 months earlier. The father usually told her that Bobbie had fallen. Child Welfare was consulted, and they advised that the child be discharged to the parents, and that they would "work with" the family. X-Rays of the skull, chest and long bones were negative at this visit.

Three weeks later Bobbie was brought to the hospital again; his mother said that he had fallen out of bed. When she found him, his mouth was bloody and his right leg swollen. X-Ray revealed his right femur to be broken. This injury happened while Child Welfare was "working with" the family. Bobbie was in the hospital in traction for about a week, then he was put into a cast. He had nightmares, and was afraid of men. His injuries were reported to Child Welfare, who arranged for foster care.

Within 6 months, though, Bobbie was in the clinic again, this time with a swollen right face and neck, cause unknown, a probable viral syndrome. At this time Bobbie was back again with his parents.

How and where is Bobbie now?

CASE # 5.

Linda and Laura M.

Linda was first hospitalized at age 16 months for battering. She was comatose on admission (4/22/74) due to head trauma, and had sustained severe brain injury. In addition to her bilateral subdural hematomas shown on arteriograms, bone series showed her to have an old fracture of the left humerus.

At the time of Linda's admission, her twin sister was brought in for examination and found to have been growing poorly (less than third percentile in weight), and to have what looked like cigarette burns on her labia. X-Rays of the twin revealed old fractures of her right radius and left humerus. Child Welfare was contacted.

After her acute treatment, Linda was transferred to another hospital for three months. She was discharged then to a foster home. Her twin also had been put in foster care, after a brief hospital evaluation. Developmental evaluation of Linda when she was 20 months old showed that she had poor co-ordination and control of her extremities (at the 11-month level), while her language development and social behavior were around the 12-month level. The doctor felt that the child was making good progress, and that her rate of development would accelerate in the following months, as the child recovered from her trauma, and tried to "catch up."

She was next seen at the hospital when she was 31 months old. The father had been separated from the family, but she was brought in by her natural mother because of vomiting and diarrhea. The doctor noticed that Linda had multiple bruises on her face, lumbo-sacral area and extremities. Some of the bruises were fresh and some were old.

Linda spent about a week in the hospital this time. She was again discharged to a foster home. All of her siblings were also placed in foster care; in addition to her twin she had an older brother and sister, and a baby sister (born 4 months after Linda's first hospital admission).

Linda and her twin had been returned by Child Welfare to their parents after they had been so abused as to suffer multiple broken bones and, in Linda's case, severe brain damage. Under the "protection" of Child Welfare, they were battered again. Are they finally safe? Will their parents be allowed to get them back again?

CASE # 6.

Karen B.

Karen's problems were first reported to Child Welfare when she was brought to the hospital with a broken left femur. This was about 10 days before Karen's first birthday, on 9/27/74. The parents said that her stepfather had fallen with her to the bed when he became "dizzy from a cold;" her leg was broken when it got caught between the mattress and the bedstand. Karen also had bruises on her back and on the back of her head. Bone survey showed only the one fracture of her left leg.

After about two weeks in the hospital Karen went home. A visiting nurse was to see her weekly. On one visit the nurse noted that the baby had developed impetigo, and that her arm was swollen. The nurse instructed Karen's mother to take the child back to the hospital.

Only after several days did Karen's mother bring her to the hospital. This was six weeks after she had left the first time. X-Rays showed her broken leg to be healing, but in the six weeks that she had been at home she had suffered a fracture of her right radius, and most recently, fractures of her left radius and ulna.

This time, Karen spent only 4 days in the hospital, then was discharged to a foster home. Before long, however, as before, she was returned to her parents. She was found dead several weeks later of "accidental drowning."

While under the care of Child Welfare authorities, Karen suffered multiple fractures; 15 months after her first injury she was found dead of "accidental causes."*

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* Information obtained via personal communication of local news reports.

SUMMARY

These six cases (actually involving seven children) illustrate the seriousness of child abuse. One of the authors was on the faculty at the hospital where they were treated - Ben Taub hospital (Baylor Medical College), in Houston, Texas. These cases were chosen from those which were brought to her attention rather randomly by various - disillusioned? - hospital personnel who happened to know of her interest in the subject, and from sparse, incomplete files. The information presented is taken from hospital charts.

Most of the children involved were under [illegible] years of age. Except for one (Benny D.), they were known to various authorities prior to these beatings. Four were under the protection of Child Welfare. One was identified by the doctor as a suspected battered child, but not reported, as far as can be ascertained by her chart. Three of the children died. One had severe brain damage. What is the outlook - physically and emotionally - for the others? Their prognoses must be guarded. Where and how are they now? Who is responsible for their well-being?

Our system fails battered children by allowing their abuse to continue. One or more agencies may "work with the families." But again and again they are sent home to be beaten, burned, twisted, stabbed, scalded, starved and sexually molested.

Unfortunately, throughout the country, a significant number of fatally abused children was previously known to some form of authority before their deaths. This report does not reflect the area where these cases take place, but rather represents a nightmare which is national in scope.

There are approximately 100,000 cases of physical abuse in the United States each year - this does not include cases of child neglect. There are at least 1,000,000 cases of child neglect, as well as the physical and sexual cases of child abuse in this country each year.

CONCLUSION

In the 30 years since Caffey alluded to the enigma of the battered child, what progress has been made? Who is responsible for the repetition of these crimes - the cruel and sadistic treatment of these children is, in fact, a crime - Child Welfare, the hospitals, the doctors, the district attorneys, the courts?

It is true that some of these battered children are removed from their families, but most ultimately go back to their original environments. We worry about their fates. Many will be permanently maimed or retarded. Many will be institutionalized eventually because of severe emotional problems. Many will die.

We feel that in many instances the child must be removed, often permanently, from abusive parents, whether to foster homes, group homes, or for legal adoption. We believe in the rehabilitation of families when possible, but never at the expense of the child's safety. There must, however, be a legal framework to protect the child. It is outrageous to place any segment of the population above the law, especially parents or guardians of children (placing persons who beat or murder children above the law is a disgrace). A three-year-old child should have the same rights as any other citizen of this country.

We feel that:

1) All cases of child abuse should be investigated not only by Child Welfare, but by the proper law enforcement agencies.

2) The safety and well-being of the child must come first. no battered child should be returned to his environment without legal representation, and without the specific recommendation of a panel of experts on child abuse.

3) Shelters and group homes need to be provided for these children, with the supervision of persons with specialized training in their needs and care.

4) Programs should be initiated for the detection and prevention of child abuse, as well as courses at the high school and college levels on the responsibilities of parenthood.

New laws are urgently needed for the protection of these children. The injustices committed upon these helpless and frightened children in the past must no longer be tolerated by our society.

ADDENDUM

1) A survey of 71 hospitals presented 302 cases of child abuse during a single year. 33 children died and 35 had permanent brain damage.[10]

2) A long-term study of 50 abused children showed:

   3 died on admission.

   5 died several months after being discharged from the hospital, 2 allegedly "at the hands of their mothers."[3]

3) Another study, a 3-year follow-up of abused children sent back to their homes showed that:

   Approximately 35% were treated in hospitals for neglect or repeated abuse.[12]

4) In 1972 a study by the New York City Task Force on Child Abuse and Neglect:

   Of 54 children who had died of suspected abuse, more than 50% of the families were known to a social service agency before their deaths. [illegible] of them were known to Child Welfare.[7]

EPILOGUE

An estimated 4,000 abused children die in this country each year.

These children are crying out in anguish for help.

Yet their screams of terror go unheard.

Their screams of terror go unheard.

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